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In Memoriam

S. Lillian Clayton, 1874–1930

"IN order that the memory of a sacrificing life, unflinching devotion to duty, abiding compassion and tender care of the sick, benevolence and sympathy with all, may remain green in the memory of us all and of those who follow us, the Graduate Nursing Staff of the Philadelphia General Hospital present this tablet to the city of Philadelphia, in honor of our Directress, S. Lillian Clayton."[1] Not over the unseeing body but in the living presence of her whom they loved and honored were these words uttered. It was on the occasion of the unveiling, in the Philadelphia General Hospital, in May, 1928, of the bronze tablet commemorating the noble service of a great and modest woman. It was perhaps the most significant and appealing of the many honors that came to her. The nurses and those who, with them, planned that service may now take to their sorrowing hearts the comfort of knowing that one who sought not honors or personal aggrandizement knew that her efforts had been crowned by the greatest of all honors, the love and trust of those about her.

Miss Clayton died on May 2, after only forty-eight hours of illness.

The reverent love of those with whom she had spent her days was touchingly shown by the beautiful simplicity of her funeral. Sheltered until the last by the school of nursing from which she had graduated in 1896 and to which she had devoted her life for the past fifteen years, her staff and students gathered about her on the evening of Sunday the eleventh, for a last quiet hour in the silent presence of their cherished counsellor and friend.

Throughout the following morning, singly and in groups, came those who had cause to know the beauty of her life. Came "Old Dan," who was her patient in her student days, still a patient, who was lifted into a chair and wheeled through the corridors that he might see once more her revered face. From the obscure places of the hospital, from the engine rooms, from the laboratories, from the stokers to the medical staff, came her friends for that last tryst. Priests, scientists, laborers, groups of nuns, peoples of many faiths, offered their prayers beside that quiet form.

In the afternoon friends from all walks of life and from many places gathered to do her honor. Unobtrusively, her sisters and their families, the nieces and nephews whose lives are richer because of her planning for

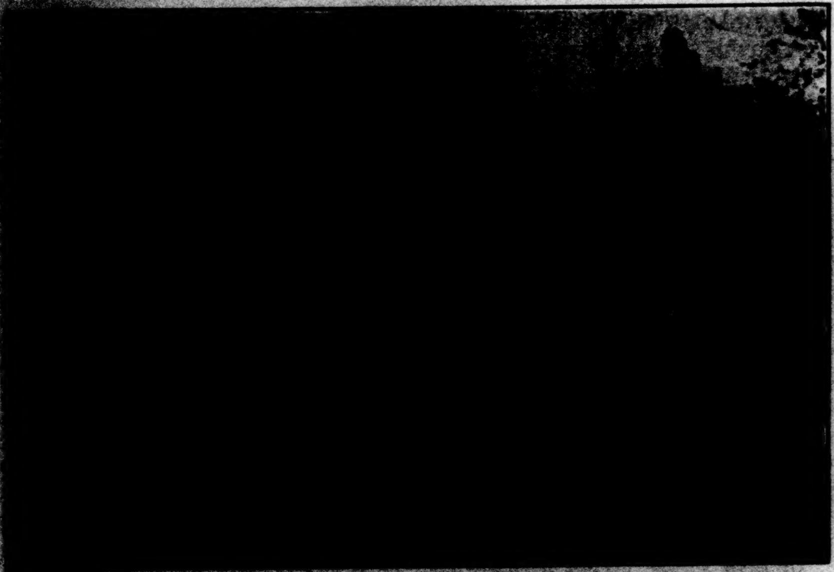
[1] *American Journal of Nursing*, July, 1928, page [illegible].

them, remained in the background, giving her to those for whom and with whom she had served. There were officials of the city she had served so faithfully, representative citizens, members of the Advisory Council which had stood so staunchly by her through the years, members of the medical profession who honored her achievements, alumnae, representatives from national nursing headquarters, and nurses from all the Eastern area, from Massachusetts on the north, the District of Columbia on the south, Ohio on the west, and from all sections of Pennsylvania, the state for which she had so loyally labored. Exquisitely embowered in a profusion of the flowers she loved she lay, her characteristic dignity only a little enhanced by death, among her friends.

For years each Easter Sunday morning, observing a cherished tradition of the school, Miss Clayton has led a procession of nurses from the school through tree-lined Hamilton Walk on up the winding hillside path in Woodland Cemetery to the grave of Miss Fisher, founder of the school of the Philadelphia General Hospital. In the simple dignity of long established custom, graduates, students, internes, fell into line, with official representatives and other friends following, to accompany her who had always led to the resting place beside Miss Fisher, chosen for her by the Alumnae Association and where she had last stood but two short weeks before. The sun shone vividly and the young leaves of the great old tree which shades the spot stirred in the breeze as she was placed beside Miss Fisher on that grassy slope selected by Miss Fisher forty years ago for her own resting place because she wanted to lie facing the hospital. There they sleep, two great women who never met but who lived for a common purpose, the care of the sick poor and the education of nurses for a high calling wherever life might take them.

In the truest sense Miss Clayton led a consecrated life. When a child she chose nursing as her life work. Still later she elected the work of a missionary nurse in China for her field, but the Boxer uprising altered that. In pursuance of her goal, she entered the Children's Hospital in Philadelphia when a young girl. Later, in 1894, she entered the Philadelphia General Hospital (Blockley) School of Nursing where she received her diploma in 1896. She was early singled out for responsible posts. Immediately upon graduation she became night superintendent of nurses. Then came a period of private duty and two years in preparation for missionary work at the Baptist Institute for Christian Workers. Balked in her plans for work in China, she joined her friend, Ella Phillips Crandall, who was doing a brilliant piece of pioneer work reorganizing the hospital and establishing the school of nursing in the Miami Valley Hospital at Dayton, Ohio. She served as Assistant Superintendent of the Hospital and of the School until 1910.

None of Miss Clayton's friends seems to know at what period in her life she definitely gave up her desire to be a missionary. Throughout the years in Dayton, when she and Miss Crandall worked so cooperatively together that they are still referred to by the alumnae as "They," she gave the most devoted service to the school and hospital. Lacking special preparation for teaching, she spent many of her off-duty hours studying, preparing and [illegible], and making other preparation for her class work. In what is now known as the old nurses' home of Miami Valley, there is a bronze tablet



presented by the class of '29 in recognition of the pioneer service of Miss Crandall, founder of the school, and Miss Clayton, her associate. In the new home there is a fountain, likewise dedicated to these two who labored to set standards of nursing in a city where there had been no school of nursing before.

During these years, the asceticism which clung to Miss Clayton throughout her life was deeply marked. She literally gave her entire life to the school. This asceticism, resulting in certain austerities of manner, was not always easily comprehended. Those who had occasion to go to her with problems or with sorrows knew it not. They speedily found that beneath the sometimes cold exterior there was not only a keen intelligence, but there beat a warm and understanding heart. Miss Crandall has said of her that "her heart was in leash to her mind, but the heart never failed to function."

It was her interest in teaching that took Miss Clayton to Teachers College in the summer of 1910 and kept her there for a year of most intensive study. From this time on she gave her life to city hospitals with their extraordinarily complex and perplexing problems of teaching and administration. At the Minneapolis City Hospital (1911–1914) her influence is still a vital force and her genius for things practical is embodied in the careful planning of the nurses' residence.

It was during these years that Miss Clayton began to grow into the stature which we recognize today as the measure of an extraordinarily rich and fruitful life. For the first time in an independent position, and one of great difficulty, she found herself saying, "This must be done. There is no one else to do it. *I* must do it." The impress on that school is an imperishable thing. The nurses' home which she planned shows at every turn her genius for utilizing the best

[illegible]

thought of the time. Could she speak, she would undoubtedly tell of the helpfulness of Louise Powell, who worked in the University Hospital of the Twin City, Minneapolis, and of their confidence, their efforts, the pioneer work which was the foundation for what came to be the present School of Nursing in the University of Minnesota. Probably only Miss Clayton herself really knew the measure of the effort it required for one of her retiring nature to accept a position of such public responsibility.

One year she spent as Educational Director of the Illinois Training School for Nurses, Chicago. Quite recently she expressed surprise when one who had been a student in that short year spoke to her of the value of her teaching.

In 1915 Miss Clayton began what she considered her real life work. Her own school claimed her. From that day until her death neither the difficulties inherent in such a position, nor opportunity, emolument, nor persuasion to go elsewhere caused her to waver in her allegiance. What the future might have held we may not know.

Honorable Harry A. Mackey, Mayor of Philadelphia, at a reception to psychiatrists from other countries on the occasion of the dedication of the new Psychiatric Building at the hospital, which occurred on the Saturday before her death, said that Miss Clayton's life work was the very embodiment of the spirit of service which he believed characterized Philadelphia's institutions for the care of the sick. In "An Appreciation of Miss Clayton" which the Mayor issued after her death, he said, in part:

Philadelphia has sustained an irreparable loss. The record of activity left by this wonderful woman is a shining example to the youth of our day. . . . The splendid pre-[illegible] training in the various practical and executive activities that preceded her work in Philadelphia, provided an excellent background for the developing and upbuilding [illegible] of work that was destined to become the great institution which would be erected [illegible] in this city. . . . During her tenure at the Philadelphia General Hospital, more than 4,000 nurses, either graduates or students, were associated with Miss Clayton in the work of that great institution. She realized the importance of [illegible], and [illegible] by organizing a student government association. Through this channel she placed a large measure of the responsibility for the proper conduct and character of the work performed upon the students themselves, and by this method brought out the very best that was in her student body. . . .

When the record of men and women who have rendered notable service of high character to their fellowmen shall be written, undoubtedly the accomplishments of this [illegible] woman will shine forth with increasing brilliancy. She commanded the respect, the admiration and the coöperation of the leaders of governmental and civic bodies, because she was always able to present her subject in a most convincing and appealing manner.

What a tremendous source of inspiration the record of this woman must be to the girl life of our day. She reached her eminent position because of her intensive love of her chosen profession, and the great impulses that surged through her soul to lift those that were entrusted to her care and guidance to the highest possible level of attainment.

No one could have witnessed that great outpouring of men and women who gathered to pay her their last tribute of respect and love, as she was laid to rest in Woodland Cemetery, without realizing that a great dynamic character had touched the lives of countless thousands and had brought sunshine and happiness into the realm where she presided. It would be a splendid thing if the young girl of today would seek to emulate the accomplishments of a woman like Miss Lillian Clayton.

Dr. Joseph C. Doane, Medical Director of the Hospital during most of her service there has said of her:

S. Lillian Clayton died, as she had lived, at her post of duty.

On January 1, 1915, Miss Clayton was brought from the Cook County Hospital in Chicago to Philadelphia to become the Directress of Nurses of the Training School of the

city's institution. A graduate of the hospital of whose training school she now became the head, she was fully acquainted with the traditions and practices of this old hospital.

She had wandered far afield, however, since her graduation and had left behind her in Minneapolis, Dayton, and Chicago a fine reputation as a courageous and constructive administrator of schools for nurses. Her colleagues in the American Nurses' Association and in the League of Nursing Education had bestowed upon her their highest honors. She was one of the half a dozen of the best known and most sincerely loved women in the nursing field in this one as well as other countries. Her reputation was made before she returned to her Alma Mater but, in the full tide of her experience and usefulness, she undertook the reorganization of the school which Alice Fisher inaugurated, with all the enthusiasm and love of her work of which she was capable. From a school with approximately one hundred pupil nurses and twenty graduate nurses, she developed the Philadelphia General Hospital School to one which today numbers almost five hundred, including graduate nurses. More persons knew her as a splendid, courageous and skilled administrator than perhaps were permitted to intimately observe her contact with young women just beginning to study the nursing profession.

Her influence on many hundreds of young women, extending as it did over a period of a decade and a half at the Philadelphia General Hospital, was of the finest and highest type. She received them into her school, devoting many hours of her off-duty time to learning their background and endeavoring to gain their confidence. She visited personally their sick beds when they became ill and, in those instances in which these children of hers succumbed to disease during their training, she led them by the hand to the edge of the Dark River in order that they might not feel alone or be afraid.

Courageous in facing the forces which would lower standards in her school, unremitting in her endeavor to elevate the cause of nursing, sincere and composed under all circumstances, yet, with all, a woman whose heart was so deeply touched with the suffering of others as any of whom I have ever known.

Miss Clayton, more than any other nurse, to me has exemplified those ideals which one ever has hoped those appearing in the lives of professional women, yet which rarely are observed to be found in such a bounteous quantity in any one. The effect of her life upon her contemporaries was stimulating and [illegible] and encouraged the possession of and striving for the very highest ideals in her profession.

She was a civic patriot if ever one lived. She proved that it was safe to accept employment in a city institution, not because vicious influences were not everywhere around her, but because by the very force of her character and by the respect which she generated in the hearts of men and women with whom she came in contact, she constantly repelled greedy hands that would soil her school.

Her work at the Philadelphia General Hospital must be continued, and this will be only the case if those with the appointive power have the vision, the wisdom to seek for a successor who possesses some, if not all, of the qualities which so endeared Miss Clayton to those who knew her.

Katharine Tucker, close to her through many years of mutual effort in Philadelphia, says of her:

Miss Clayton has always been able to see the profession as a whole. To her, differences in background and experience greatly enriched and enhanced what each group had to give, and no one has done more to contribute to our present increasing realization of "togetherness" than she through her own identification with all groups.

While her immediate concern has been the preparation of the nurse, she never seemed to lose sight of the final objective of this preparation. Whatever helped to make the service of the nurse more complete and whatever channels provided more opportunities to extend that service she became identified with. Therefore, both locally and nationally public health nursing was one of her greatest interests.

She was one of the first to feel, and to put this feeling into action, that the health approach belonged to all nurses, that this necessitated a shift in emphasis throughout the curriculum, and that students needed an experience not usually available within hospital walls. And so within her own school of nursing she extended the affiliation with the public health nursing agency to all, instead of to just a selected group, of her students.

Whatever meant the development of a more complete public health nursing program in Philadelphia, Miss Clayton could always be counted upon to further. She stood staunchly back of better standards and an enlarged service, gladly giving of her time and energy, to this end. Those actively engaged in public health nursing whether on board or staff came to think of her as a real factor in

any undertaking. She was equally interested in the postgraduate course for public health nursing and was on its advisory committee.

Naturally we find the same picture—the public health nursing group equally mourning Miss Clayton's counsel and participation. She has always been an active member of the National Organization for Public Health Nursing, especially herself as a public health nurse and appreciatively being so regarded by that group. Her devoted and courageous spirit, her unfailing understanding and response, will continue as a rare gift to all who came in touch with her.

In recognition of Miss Clayton's signal contributions to the field of nursing education, a posthumous award of Master of Science in Nursing Education is to be conferred upon her by Temple University. It is a satisfaction that Miss Clayton knew of the award before her death.

Alice O'Halloran, President of the Alumnae Association, writes:

> In the death of Miss Clayton the graduates feel the loss of one who was particularly interested in educational advancement and who was a sympathetic and helpful friend in time of need.
>
> It was Miss Clayton's privilege to be a participant in securing from the city provision for the nursing care of sick and injured graduates. A woman whose lofty ideals were an inspiration, one who was exacting when standards became failed, yet sympathetic with human frailty. Her loss will be felt by all nurses.

The position of Directress of Nurses in any city hospital is a demanding one. Living fully and generously up to the demands of her position, she none the less found time to give abundantly of her time and her thought to the grave problems of her profession. Elizabeth C. Burgess, President of the National League of Nursing Education, says:

> I believe Miss Clayton's greatest contribution to education was through her service as an educational administrator. As Vice-President, Director, and President of the National League of Nursing Education and through her services on its various committees she always demonstrated her leadership. She always sought sound standards. Her own ideals of conduct, service and teaching were very high. She sought these standards in others and taught not only formally but by her own life. As an educational administrator she would have felt her work poorly done if she failed to obtain for all her staff and students the conditions which would enable them to grow in service. I think of Miss Clayton as one of the ablest administrators in our field, but I always link her administration with education and growth. It is difficult just now to see how our organization life will function without that fine, quiet and thoughtful educational leadership.

Miss Clayton's influence, as President of the American Nurses' Association, is too close to us to be properly evaluated. The loss of her leadership and of her painstakingly acquired knowledge of the organization at this time when the professional standards of our schools are being studied by the Grading Committee, when social changes, many of them beyond the control of nurses, are causing profound social and economic changes within the profession itself, is too overwhelming to be thoroughly comprehended. Her leadership was to have culminated in the Biennial at Milwaukee. Steadily the organization has grown under her hand. Headquarters has expanded and grown, contact with the states has been closer than ever before. Probably few of the states she visited last autumn were aware that she was devoting the only vacation time she would have that year to them. She visited many states, familiarizing herself with their problems. Especially was she concerned with the smaller states where, though numerically weak, nurses were striving to establish and maintain good nursing standards.

Miss Noyes has written of her:

> I have known Miss Clayton in many connections,—as a student at Teachers College, in my classes on Hospital Administration; later, when the [illegible]

was urging her to return as the Director of the School, she made several visits to Bellevue where I was then General Superintendent of Training Schools of Bellevue and Allied Hospitals, to confer with me, as the two institutions were in a measure similar and our problems more or less identical. Following her as President of the National League of Nursing Education and also of the American Nurses' Association, although there was in each case an intervening régime, we were always in close touch. During some periods of the past year or two when important questions or critical situations arose, our correspondence was almost a matter of daily occurrence. As a member of the Local Committee on Red Cross Nursing Service of Philadelphia, and as a member of the National Committee on Red Cross Nursing Service, she was always ready to assist whenever her advice was asked. During the past four years she has been a member of the Board of Directors of the International Council of Nurses by virtue of her office as President of the American Nurses' Association. We met her at Helsingfors, at Geneva, and at Montreal at meetings of the International Council of Nurses, where quietly and unobtrusively she sought to acquire the information that would make her a helpful member of the Board of Directors. My association, always a pleasant one, with Miss Clayton had greatly endeared her to me. She possessed unusual qualities of mind and heart, with a quiet, patient, persevering, persistent personality that could not help but endear her to those who were closely associated with her. Not only endear her, but create on their part a great respect for her sense of justice and her conscientious fidelity to duty. The nursing profession of this country has suffered a very great loss.

Miss Clayton always found time for members of the Headquarters' staff of the American Nurses' Association, no matter how busy she was. No matter what her pressure of work, she unfailingly set aside other affairs and gave her full attention to the staff member going to her with an A. N. A. problem.

Those members of the Headquarters' staff who found it necessary from time to time to refer in person some subject to Miss Clayton, met on every hand with the same experience of warm hospitable welcome. When an appointment with Miss Clayton was sought, a reply came inevitably in the form of an invitation to luncheon or dinner, or sometimes both, if the problem was a difficult and time-demanding one.

She was a true hostess. She never gave the impression of being hurried. Her undivided attention belonged with the person with whom she was talking. If the evening grew late and there was still work to do, it did not matter. Time, rest, the prospect of another busy day ahead, these were inconsequential matters, while there remained something to be done or someone in need of her advice or help.

To the staff at Headquarters this seemed Miss Clayton's greatest gift, her ability to infuse with her personal touch and with all her generous personality whatever visit was made on A. N. A. affairs and yet, at the same time, to give to those affairs all the time and attention they merited.

Staff members looked forward to trips to Philadelphia to talk with their President, to the ordered quiet of her living room, with its low fire on the hearth and fragrance of roses, and very often, after the business was done, the staff member would find herself pouring out some personal problem to an attentive and wise friend.

[illegible]

Of Miss Clayton, internationalist, Nina D. Gage, ex-President of the "I. C. N." has said:

In spite of the early membership of the American Nurses' Association in the International Council of Nurses, and of the fact that Miss Dock was the Secretary for so many years, we have not always been as popular as we might have been. Our size has militated against us, the smaller associations fearing our supposed strength. To be sure we have no more votes in the Grand Council than they, each association having four delegates and its president. But a certain fear persists, often a reflection from other than nursing

phases of life, and needs constant tact and imagination on the part of Americans to allay. We need to put ourselves in the places of foreign nurses and think, before we act, of the effect of our actions.

This Miss Clayton did to an unheralded extent, using to the full the opportunities of her position as President of the American Nurses' Association. From her trips over Europe, studying, meeting, conferring, she wanted to sense instinctively how the nurses from abroad would feel, and to be able to present matters in such a light that they should see our good will. While trying to help them, she could find much to learn from them, and this made the relationships of the American Nurses' Association more cordial, and helped immensely in the smooth working of the International Council. When American nurses, without thinking, wished for certain lines of action which might have been misinterpreted by foreign nurses, Miss Clayton would always show them how they could better accomplish their end without giving rise to misunderstanding. She has often said, "I want the best in American nursing to be known abroad, and I do not want to see it prejudiced in advance. I want Americans to be known for what they really are, not for what they sometimes seem."

As a further method of carrying out this constant desire of hers for promoting international good will, Miss Clayton constantly accepted foreign students for special courses at the Philadelphia General Hospital. She would work out with her educational director any possible combination of classroom or ward work which should show the foreign student what we are trying to do over here in nursing education, and which should give her something to take back with her, something capable of application to the particular problems of her own country. Many of the students who came to her did not have much English, and it was not always easy to arrange profitable work for them. But no effort was too great for Miss Clayton, and students from all lands and races give her grateful thanks for all she did to help them improve their own nursing work and morale.

In these various ways, and in her daily intercourse with nurses when abroad, or at international conferences, showing them her friendly spirit, Miss Clayton was a real internationalist. She was a living example of how one may promote peace and good will among men.

Miss Goodrich writes poignantly, out of a full heart quoting:

"T is human fortune's happiest height to be
A spirit calm, unclouded, poised and whole;
Second in order of felicity
To walk with such a soul.

When the call comes to a master builder, the sustaining sense of triumphant achievement, that like those whose association has not been immediate or intimate into the loftier realms of service, is often denied those who have experienced a more personal relationship.

Had my association with Lillian Clayton been limited to our three months together in 1928 as observers and students of the field of nursing in European countries, I should have known without peradventure and for all time that our profession was directed, so far as her influence extended and it extended far, by a rare personality. I could never forget our discussions into the small hours of the night of the varying problems of the different countries: Yugoslavia, with its Zagreb and its Belgrade, so differing in aspect and in nursing interpretation; Budapest, so full of promise, so politically disturbed; Prague, where the educational standards of women in general were so high, but where the educational foundation for nursing was so low; Vienna, with its poverty, its public health nursing not yet developed, but its otherwise rich program of child health and direction: discussions presented by a mind penetrating and analytical, but with judgments always restrained yet so generous.

The four pictures emerging under her directing vision, the permeating influence of her philosophy, the strengthening power of her high-mindedness—these have been the undefined gifts of her presence with us. Yet I cannot today write of Lillian Clayton as a great teacher or a nurse. For the moment I can only remember how we enjoyed in Glasgow, how we laughed in Warsaw, how we read and philosophized on those beautiful, peaceful afternoons on the upper deck of the Volendam, wishing daily that the homeward voyage might be prolonged; of her gracious communication two years later of that experience and of our resolve to some day go again.

"I am planning to sail for Geneva on the fifteenth of July on the Rotterdam. How I wish you were going! I think so much of the trip we had, [illegible]. It has always been such a satisfaction to me to know that you [illegible] to [illegible], as well as to know that you thoroughly enjoyed 'Dossy'!"

I am glad for the quick release and the after peace in that lovely face, but the sense of loss, loss of something terribly needed by our profession, loss to a great cause,—yes my personal loss, is too heavily upon me to acquiesce.

Perhaps her most arduous labor of love was given to the Pennsylvania State Board of Nurse Examiners, from which she had but recently retired. Most carefully she budgetted her time. In no other way could so much have been accomplished. Membership on the Board was an active working membership. On one Friday of every month she arose before daybreak to catch an early train to Harrisburg, where she put in a long day of detailed work. Nor did that complete the task. She corrected her share of examination papers. Here again her genius for organisation showed itself. On her desk, in her apartment, at each point where she might conceivably have a few minutes to spare throughout the day she had a little pile of papers so that no moments might be lost.

In the earlier years of her professional life, Miss Clayton was not interested in the nursing organizations. She more than atoned for this in the later years for, as she often said, "When I did begin to understand the importance of organization work, I never permitted myself to refuse a request." Only those close to her and who worked beside her can ever know how indomitably she held herself to such tasks. The result of that pledge, made only to herself, is an extraordinarily rich contribution to the profession. As a committee member she always did her best. The tentative code of ethics of the American Nurses' Association was formulated while she was chairman of the Committee on Ethical Standards, a post she perforce resigned when she became President of the American Nurses' Association. The work of that committee was especially close to her heart. She longed to give troubled nurses a means for solving perplexing problems just as, in her teaching of students, she led them to appreciate values and to seek truth for themselves. But that was only one of many committees on which she sat. Membership on the Board of the Harmon Association enabled her to deal constructively with some of the economic problems of nurses which greatly troubled her. One of the tasks she laid down was the chairmanship of a Nursing Committee of the White House Conference.

The editors of the Journal cherish the memory of her thoughtful consideration of their problems and her wise guidance of the *Journal* Board during the years of her presidency. The magazine was permanently expanded and enriched under her direction.

Deeply concerned with teaching and the problems of education and administration, she was President of the Philadelphia League and of the National League of Nursing Education during the difficult years of the war and of the postwar period. She was a member of the Committee on Nursing of the Council of National Defence in the war days. Arduously she labored for the maintenance of good standards of nursing education and nursing care. Then, as always, she believed that professional and educational standards meant nothing unless they could be translated into standards of nursing care.

Over a bowl of graceful flowers, Miss Clayton once quite unconsciously stated what must have been her philosophy of life. The flowers had been carefully arranged by a friend so that each spray would be uncrowded by its neighbor. The effect

was very lovely. A few leaves and imperfect blossoms remained in the box. Miss Clayton left the room and, returning, brought the unwanted sprays arranged in a little vase of their own. "They have life," said she, "and they want [illegible]." Her life was an exemplification of that belief. Where there was life there must be unending care. To the care of her patients she gave the unremitting toil of careful planning. On more than one occasion she had courageously to defend their right to adequate care before budget-makers who seemed not to comprehend their needs. Unflinchingly on such occasions she stood for the truth.

A writer in the *Philadelphia Ledger* wrote after her death:

She has made a great place for her profession in the city. And it must not be that the [illegible] public can play no part in this appointment. The choice must be [illegible]. [illegible] of her many [illegible] opinion.

The last thing that she stood for—and if she had lived it would not have been the last—[illegible]

A [illegible] was the way Miss Clayton put it.

She was [illegible] in the [illegible] for [illegible] budget. It was her last fight. Will she have won it, too, [illegible]?

The nursing faculty (including Miss Nutting) of Teachers College, where she had been a student and, for a brief space, a teacher, wrote to Miss Clayton's school and family:

We mourn with you over the parting with one who was to us a loyal and devoted student, a trusted fellow worker and always a beloved friend. And with you we cherish the memory of her unfaltering courage and faith which gave constant strength to all who were associated with her.

Miss Clayton's family asked the school which of her personal possessions they would like to keep. The answer was, "The Joan of Arc (a farewell gift from Minneapolis nurses), which represents her inspiration, the Victory, which was her goal, the Thinker, for that was her mode of life."

In faithful adherence to the spirit and methods of her life, her staff and students are "carrying on." At breakfast the morning after the funeral the President of the Student Government Association pledged their fealty:

We, the members of the Student Government Association, cannot express in words our deep sorrow and grief at the passing of so noble and dear a leader.

The beautiful memory of her life and teachings will always be to us a guide and inspiration to carry out those ideals which she so earnestly endeavored to instill within us.

It will be our constant aim to do our small part in continuing the work which she has so [illegible] started.

On that morning each student and graduate found at her place a message from Miss Clayton's assistants, Miss Kay and Miss Ambler, an unconscious expression of their own nobility of character, for it was taken from those lines of John Oxenham [illegible]:

Good-night, [illegible] dark, my [illegible]?
Nor dark nor [illegible]! He knows and His [illegible]
[illegible]
[illegible]
Till all the [illegible]
And [illegible].

A [illegible]
But [illegible]
[illegible]

Neurological Surgery

TRACY J. PUTNAM, M.D.

THE surgery of the brain and spinal cord was an experiment at the beginning of this century, but has now taken its position as a recognized specialty. It is still new enough, however, to give scope to a large number of different points of view and different forms of technic among neurosurgeons, and changes are still occurring with great rapidity. But certain principles are firmly established, and they should be common property to all who have to deal with neurosurgical patients.

Aside from traumatic cases, which have already been dealt with in this Journal, neurological surgery deals chiefly with tumors and abscesses of the brain and spinal cord, and with the relief of certain types of intractable pain, such as trigeminal neuralgia. These will be considered in the order of the general frequency of their occurrence.

Tumors of the Brain

ALL tumors of the brain have certain characteristics in common. Being encased within the rigid skull, they produce an increase in intracranial pressure. This manifests itself first usually by intense and continuous headache, made worse by lying down or by straining. Patients become apathetic and drowsy. Next, a change often occurs in the optic nerves, which are probably the most sensitive structures issuing from the skull. As a result of the pressure from within, they become swollen, and this change may be observed with the ophthalmoscope (choked disc). If this condition continues for too long a time, vision becomes partially or wholly lost. The pressure may also affect the medulla, producing vomiting without obvious cause. More serious, pressure on the respiratory center may finally cause coma and death.

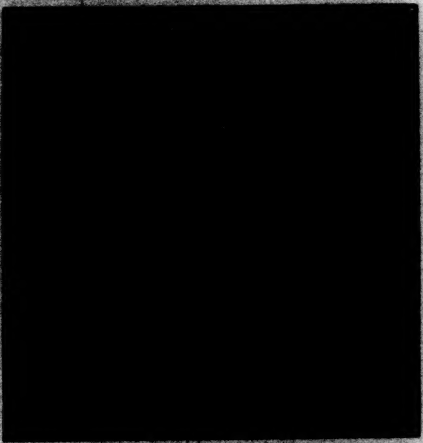


FIGURE 1.—Acoustic Neuroma, lifted from its bed beside the cerebellum. (After Cushing, *Tumors of the Nervus Acusticus*)

The severity of the intracranial pressure depends, of course, on the size and location of the tumor. If the tumor is in such a position that it obstructs the normal circulation of spinal fluid (which is formed within the cerebral ventricles and escapes beneath the cerebellum to be absorbed over the outer surface of the brain), pressure rises rapidly and to great heights. This is most apt to occur in tumors growing in the posterior fossa of the skull (cerebellar tumors), and such cases are accordingly the most dangerous and urgent ones.

In addition to these general pressure effects, symptoms arise from local irritation of important cerebral centers. The centers controlling the movements of the right side of the body are, of course, in the left cerebral

hemisphere, and vice versa. Each part of the body has its special representation in the cerebral cortex, which receives sensory impressions from it and controls its movements. The center for the face is located in the middle of the parietal lobe, [illegible] three inches above and in front of the ear. The arm and trunk are represented above, on the upper surface of the hemisphere, and the leg center on its medial surface. [illegible] there is an extensive area in the left temporal lobe which controls the function of speech. The eye is represented in the occipital lobe, and a disturbance here or in the pathways leading to it from the optic nerve, leads to blindness in half of the visual field (hemianopia). The cerebellum is the organ of balance and coordination, and lesions of it result in staggering and in coarse tremors of the hands and eyes. There are, of course, other centers, including some of which we know very little. The mind as a whole is to some extent a composite of these centers (or, rather, operates through them), but lesions of the frontal lobes appear to cripple it more than others.

This brief sketch may serve to give an idea of the complexity and varieties of the manifestations of cerebral tumors. A child is brought to the neurologist because it has been vomiting and has begun to stagger. There is found to be a slight enlargement of the head and signs of pressure in the optic nerves. It has a glioma of the cerebellum, the commonest tumor in children. An old man has had attacks of twitching, first of one foot, then of the whole side of the body, which is becoming stiff and weak. His sight is somewhat impaired. X-rays show evidence of a meningioma in contact with the skull in the upper parietal region. A young girl has attacks of semiconsciousness, in which her mind will float off dreamily. She has headaches, and difficulty in seeing objects to the left side. Sometimes she fancies she sees little elves or curious animals or objects to her left. She knows they are not real, but does not think it strange that they are there. She is found to have a swelling of the optic nerve, and operation discloses a large cystic glioma of the right temporal lobe, which is partly removed and treated with x-rays. These are characteristic enough stories, but many other types may occur.

Pathologically, tumors fall into two main groups. The *gliomas* arise from the brain itself. They invade and infiltrate the brain, and are almost impossible to remove completely. Some are very slow growing, and some respond to x-ray treatment. The remainder, however, carry a very unfavorable prognosis, and the most that surgery can do is to make life more comfortable while it lasts.

The *meningiomas* arise from the coverings of the brain. They are slow growing and encapsulated, so that they can often be completely removed. On the other hand, they are very vascular tumors, so that their removal may be extremely difficult technically.

Neither type of tumor metastasizes outside the skull.

The symptoms produced by *abscesses* are similar to those of tumors.

Pituitary Tumors

THESE are relatively common, and present special difficulties in diagnosis and treatment. The pituitary gland lies on the floor of the skull, within the sella turcica, which can be easily seen in x-rays. Destruction of the gland leads to cessation of growth if it occurs before maturity, and to amenorrhea in adult women or

impotence in men. This may be brought about by tumors springing from one part of it, which also press upwards upon the optic nerves, causing a characteristic type of loss of vision. They may encroach upon the base of the brain, and produce an amazing increase in fat and often tremendous increase in the amount of urine excreted. They expand the bony sella turcica, so that the diagnosis may become very evident.

Another rarer type of the pituitary tumor produces an excess of secretion, rather than a deficiency. This gives rise to the curious and horrible disease acromegaly, in which there is an overgrowth of bony prominences and subcutaneous tissue, with great disfigurement as well as great discomfort.

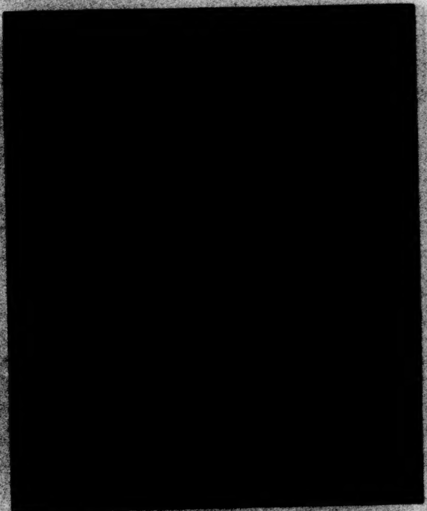


FIGURE 11.—Meningioma of the right cerebral hemisphere, seen from above. (After Cushing, *Brain*, Vol. 45)

The Particular Nursing Problems Presented by Patients with Brain Tumors

THE nurse's special duty toward neurological cases—surgical or medical—may be considered under three headings:

First, it is important to observe accurately symptoms—especially the sequence of events in a convulsion—which may assist in diagnosis. What has already been said in regard to symptomatology may suggest the manifestations to be expected.

Second, the nurse must make up for the functions which the patient has lost through his disease. Obviously a blind person must be led, and a helpless one waited upon. It is less obvious that a person with a loss of sensation on one side or in one limb must be closely watched to guard against injuring it or burning it with a hot-water bottle. A patient who has difficulty in swallowing on account of paralysis of half of the larynx should lie on the intact side while being fed. Patients who vomit because of pressure on the medulla, may often be fed again at once and retain the second meal. Attention to the bowels is essential in neurological cases.

Thirdly, and most important, is the endless patience and sympathy with irrational or deteriorated subjects. This is best learned in a first-rate psychiatric ward, in which there is a real tolerance and respect for the rights of the mentally unbalanced. It is helpful to think of disturbed patients (perhaps sometimes also of surgeons) as children, who are unreasonable, wilful and stubborn; but it only makes matters worse to be annoyed by them. Force may sometimes be necessary in dealing with the unruly, but it only makes tranquillity and equanimity all the more essential. Scolding usually defeats its own purpose.

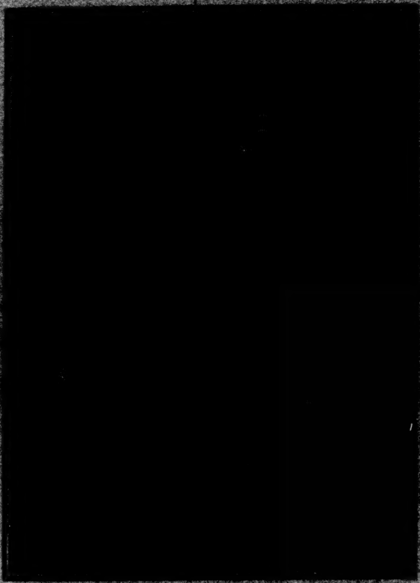


FIGURE III.—First steps in the operation for cerebellar tumor. On the right, the scalp is being compressed while the incision is made. On the left, clamps have been applied and turned back. (After Cushing, *Tumors of the Nervus Acusticus*)

Tumors of the Spinal Cord

THESE produce a spastic paralysis of the legs, local pain, and often inability to empty the bladder and bowels voluntarily. In later stages, the slightest touch or rub of the legs produces a violent and painful contraction of the thighs, with discharge of urine. Most spinal cord tumors are removable, and the ultimate prognosis is good, but the symptoms may be temporarily worse after operation.

The essential point is the avoidance of bedsores. The patient should be placed on a water mattress, and this on fracture boards. The other usual precautions should be strictly observed. Another danger is opening of the laminectomy wound after operation. Every exertion of the arms should be avoided. The bowels are usually best managed by a constipating (high protein) diet, and the use of enemas.

Trigeminal Neuralgia (facial neuralgia, tic douloureux)

IN its worst form, this is perhaps the most painful disease we know. It consists of attacks of exquisite pain in one side of the face, coming on suddenly many times daily. Before modern methods of relieving it were known, it often drove patients to suicide. Its cause is unknown.

Mild and early cases are often treated by injecting alcohol into the most affected branch of the fifth nerve. A sure and permanent cure is only obtained by cutting the root of the nerve within the skull. This has the disadvantage of leaving a complete and rather disagreeable anesthesia of the corresponding side of the face, which is, however, infinitely preferable to the pain. A particular danger is that of injury to the eye on the operated side. Being without sensation, dust particles, eyelashes and the like are not perceived, and sometimes cause ulceration of the cornea and loss of the eye. It is the duty of the attendants to teach the patient to keep it covered when exposed to dust or wind. If the eye becomes reddened and inflamed, the patient should lie down for a few hours and close the eyes. If this does not relieve the inflammation, hot boric douches must be resorted to; but particular care must be taken not to touch the insensitive eye with the douche nozzle.

A still more difficult problem after operation is the psychological one. The patient is suddenly transformed from a chronic invalid, the center of attention of the household, into a

capable member of society. Some welcome the change; some do not. The transition may often be made less difficult by sympathetic understanding on the part of the nurse.

Other Painful Conditions

NERVES are often sectioned to relieve the pain of incurable cancer. Certain painful conditions of the hips and legs, as chronic arthritis, are sometimes treated by cutting the fibers in the spinal cord which convey painful impulses, leaving strength and the sensation of touch unimpaired. Painful vascular disease of the extremities, and also the pain of angina pectoris and similar conditions are often relieved by appropriate operations on the sympathetic nervous system.

The Technic of Operations on the Skull

INTRACRANIAL operations are in general long, tedious, bloody, and dangerous. More than in any other field, it is essential that the members of the operating team understand, respect, and support each other. Tempers grow short toward the end of a grueling four- or five-hour operation, and impatience may cost a life.

The first essential of neurological operating is cleanliness. Small errors in technic may cause delay and suffering in an abdominal operation, but they are likely to cause death in an operation involving the meninges, which have no power whatever to resist infection. All the ordinary precautions must be redoubled, and a constant watch must be kept for slips.

The second essential is perpetual [illegible] on the part of the assistants. He is almost never able to look away from the wound, and all instruments and supplies must be placed in his hand ready to use. This also means that he is less able to watch the patient's general condition and happenings about the nurses and instrument tables, and his attendants must watch them for him.

The third essential is care of the patient's general condition. If ether is used, it must be used as sparingly as possible. Fluids are often administered by rectum during the operation. The uncomfortable operating-table pad should be eked out with pillows to fit under the patient's back and knees. With local anesthesia, the patient often becomes very warm, and appreciates being fanned or rubbed with alcohol. Materials for transfusion should be in readiness.

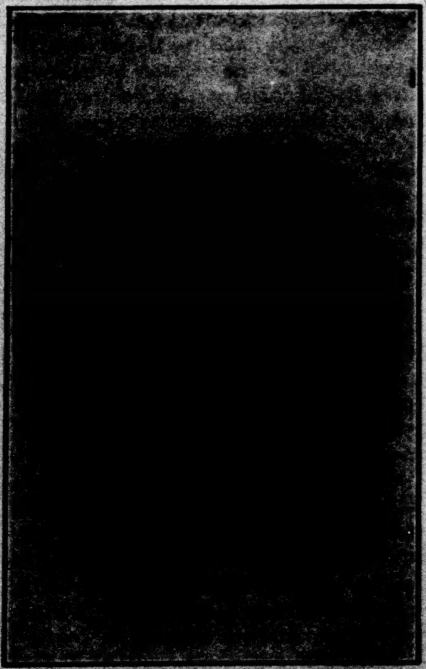


FIGURE IV.—The cerebellum retracted to show the tumor. Notice the silver wire clips applied to the dura mater. Draperies are of course omitted from the drawing. (After Cushing, *Tumors of the Nervus Acusticus*)

The fourth essential is the saving of time. Neurological operations have lasted as long as eight hours, which is desirable for no one concerned. Advance preparations amply justify themselves.

General Plan of an Intracranial Operation

THE head is covered with wet gauze, and closely draped up to the field. The gauze is cut along the proposed incision—usually horseshoe-shaped, and four or five inches in diameter. While assistants press either side of the line of incision to control bleeding from the scalp, a cut is made down to the bone along one side of the horseshoe. Then a whole row of snaps is placed on the fascia under the skin, and turned back over the scalp. So the incision is made in stages. The snaps are held out of the way by loops of gauze.

The skull is next perforated at intervals with a drill, and two narrow pieces of flat steel are passed from one burr hole to another. One of these serves to pull through the wire Gigli saw, the other to protect the underlying tissues from it. The bridges of bone are successively sawed in this way, and the bony flap is broken off at its base and turned up. Bleeding from the bone is controlled by rubbing a special wax into any vessels which are opened.

The dura mater is next incised. There are some rather large vessels in it, and these are secured by tiny clips made of flat silver wire, applied with forceps. These are to be preferred to ligatures because they can be put on so rapidly and without traction on tissues.

Lifting the dura exposes the brain. If a tumor is exposed, an attempt is made to remove it by the gentlest blunt dissection or with the electric knife. Hemostasis is accomplished by the implantation of bits of muscle on small oozing points.

The wound is kept clean by the use of a suction apparatus, irrigation, and small oblong pieces of wet cotton. Gauze is almost never used, as it is too rough and irritating.

When the tumor is removed, the dura is sewed with interrupted sutures of fine waxed silk, threaded on curved spring-eyed French needles. The bony flap is replaced. Often an opening is made in the lower part of it to relieve pressure. The fascia is sewed with the same suture materials, and the skin is very gently approximated with silk on cambric needles. Drainage is seldom used. A voluminous dressing is applied, and over it a helmet of crinoline.

There are, of course, many other types of operation, which are described in the larger textbooks of surgery. This may serve, however, to give an idea of the peculiar problems of brain surgery, and how they are met.

Summary

NEUROLOGICAL surgery is full of disappointments. Operations on the brain are extremely difficult and dangerous, and the proportion of favorable results is much lower than in any other field of surgery. The plight of patients with brain tumors is so desperate, however, and their doom so certain if they are left to their fate, that we should be heartless indeed not to do the best we can for them, fruitless though it often be. Success, when it does come, is so dramatic and so gratifying as to make up for many failures.

The Nursing of Intracranial Cases

MARY YOUNG REGAN, R.N.

NURSING in intracranial cases is perhaps one of the most difficult, exacting, yet withal one of the most interesting problems met with in the hospital today. Although still in its infancy—and it may well be considered the baby of the nursing profession—it presents a wide field of activity for the observant and resourceful nurse. It requires initiative and intelligence, unusually keen powers of observation, coöperation and unceasing effort. From the moment of admission until the hour of departure, these patients demand the utmost watchfulness and care, for it is the unexpected and unusual that invariably happens. Emergencies arise and must be dealt with, often by the surgeon at a moment's notice, and much depends on the good judgment of the nurse and her ability to recognize danger signs.

In order better to supplement the work of the surgeon, the nurse should have at least a general idea of the brain structure, should know the important centers, their functions, and should familiarize herself with the signs and symptoms of any disturbance of these parts. Knowing these, she will have a far better foundation for intelligent care than her less well informed sister.

Patients with intracranial symptoms may be either ambulatory or bed cases. They enter the clinic with symptoms ranging from headache and nausea only, to the more serious ones of loss of vision, aphasia, hemiplegia, or even coma.

In ordinary non-emergency cases, on admission, a b.i.d. temperature, pulse and respiration chart is started, including height and weight and a record of fluid intake and output. The more serious cases, especially the ones showing marked pressure symptoms, demand closer watching and more frequent observations. For these a special chart recording hourly temperature, half-hourly pulse, respiration, and blood pressure is kept.

House diet is usually ordered, fluids averaging from 1,800–2,000 cc. (2 qts.) in twenty-four hours. Nothing except water or orange juice is allowed between meals.

Proper elimination is most essential in these cases, especially where there is a high degree of choked discs, or other pressure symptoms. It is desirable to have one or preferably two thorough bowel evacuations daily, and this can readily be accomplished by a daily saline cathartic or, in the sicker or more obstinate cases, a magnesium sulphate rectal drip. Should the original dose of saline cathartic (usually 30 cc. of $MgSo_4$ daily) prove too much, its amount should be cut down accordingly, since excessive bowel movements are undesirable.

Headaches being almost always one of the chief complaints, a p.r.n. order of aspirin .6 gm. and pyramidon .3 gm. is routine medication.

In special cases, demanding additional information, other orders are also necessary. If the case is showing pituitary symptoms, a twelve-hourly fluid intake and output régime is established, the patient is weighed every other day, and arrangements made for a steak metabolism test and a blood sugar examination.

The nurse should acquaint herself with the various conditions which may be present, and after making a general estimate of the patient and his condition, should routinely start collecting necessary data, being governed by

the condition of the patient and the doctor's orders.

During the period of observation, while the various tests are being made and the necessary data assembled for a diagnosis, the nurse can materially aid the consultant, and facilitate his work. A well equipped consulting basket should always be in readiness, and should contain materials for testing the senses—as taste and smell—for testing reflexes, sensation, etc. Laboratory specimens should be secured and sent to the laboratory promptly and their findings duly recorded. Accurate records and charts are most necessary in helping to portray the actual condition of the patient from day to day. Besides the temperature, pulse and respiration, the daily defecations, the total twelve- or twenty-four-hourly fluid intake and output, the tri-weekly weight and the metabolism, all of marked importance in pituitary cases, should be charted, as well as x-ray treatments, major dressings, special medication, etc.

For patients with a history of Jacksonian attacks, or seizures of any kind, a separate convulsion chart should be in readiness for recording time and type of attack, duration of seizure, and a clear though concise description of each attack.

Any progress in symptoms or any new symptoms that may appear, however seemingly trivial, should be noted—it may be the needed link in the chain of evidence the diagnostician is forging.

Preoperative Preparation

IMMEDIATELY preceding operation the care of these patients is about the same as for any major operation. No food after midnight, an s.s. enema in early morning, and a specimen of urine to the laboratory for a last preoperative analysis. A coffee and orange juice breakfast is allowed adults—orange juice only being given to children.

The usual operative bed is prepared, but with one exception; the foot of the bed (if the head is high) being used as the head, thus allowing easy approach to the patient both for preparation and subsequent dressings.

One hour before operation, the patient is sent to the operating floor. The operative site is shaved by the assisting surgeon, who also completes the preparation and drapes the field.

When local anesthesia is used, a hypodermic of morphine, dosage according to the age of the patient, is often administered, on the surgeon's order, shortly before the patient is placed on the operating table. A second hypodermic of morphine is prepared and held in readiness in case of any subsequent need of sedatives.

As soon as the patient has been placed on the operating table, a rectal drip of normal saline, or 5 per cent glucose is started and continued through the period of operation, in order to combat dehydration, especially in cases where there is loss of a large amount of blood.

Immediate Postoperative Care

THE postoperative nursing care of intracranial tumor patients is next in importance only to the operation itself, and the need of careful and intelligent nursing cannot be too greatly stressed.

In constant contact with the patient, the nurse should realize that she has a far better opportunity for watching the condition, and observing symptoms than anyone else taking part in his care, and keeping her responsibilities in mind should make every effort to be an intelligent and accurate observer. Upon her devolves the responsibility of informing

the surgeon of any change or emergency that may arise, and she must use sufficient initiative and judgment to anticipate the need when and where it arises.

As soon as the operation is over and the plaster cast applied, the patient should be made as comfortable as possible on the table; warm blankets and a warm fresh garment applied; and well padded supports placed under the knees. The nurse should immediately acquaint herself with the condition of the patient and the postoperative orders.

In this clinic, the patient remains on the operating table until the cast is dry, [illegible] has ceased, and his condition warrants a careful transfer to bed. When the cast has been thoroughly dried, it should be cut in the middle (except in cerebellar cases, in which a special dressing is used), in order that there may be no undue pressure over the operative site, and to guard as much as possible against edema, or even slough, sometimes caused by too tight a dressing.

As rest and quiet are most essential, and careful observation necessary, the patient is even then not returned to the ward but moved to a recovery room where he is cared for by a nurse who devotes her time entirely to him, until the doctor deems it advisable to transfer him to the ward. These first few hours require the greatest resourcefulness and vigilance, since it is during them that most serious changes often occur. A ten-minute pulse and respiration chart is kept, half-hourly rectal temperature is taken and recorded, and blood pressure if indicated; the comparative grip in the two hands [illegible] and responses should be tested and recorded at least every hour, [illegible] not being pushed to the point of exhausting the patient. When no nausea is present, fluids may be given in small amounts, gradually increasing them; the nurse always realizing that, in some cases, the desire for fluids may be pathological (polydipsia in pituitary and third ventricle cases), and may be as important a postoperative sign as aphasia, paralysis, etc. When unable to give fluids by mouth, a rectal drip of 5 per cent glucose may be given, and in case this cannot be retained, hypodermoclysis may be used.

Extreme restlessness, staining, falling off in responses, drowsiness, or marked change in temperature, pulse and respiration are reported as soon as noted, as these usually are danger signals.

If no untoward symptoms occur and the patient is progressing favorably, he is usually sent back to the ward approximately eight hours after operation, his bed being moved very slowly and very gently. In his room his special chart is still continued during the remainder of the night and as long thereafter as may be deemed necessary by the surgeon.

These nursing principles apply to all intracranial operations in general. They embody most of the necessary data that the nurse would be likely to need in the care of the ordinary osteoplastic exploration. There are, however, two groups of cases to which everything we have said applies, but which in addition require some further care peculiar to the nature of the operations involved.

1. Cerebellar Explorations. Respiratory failure and hyperthermia are the two grave dangers that the nurse must guard against in cerebellar explorations. In view of the dangerous situation of the lesion, a constant watch should be kept on the patient's respirations, and any respiratory difficulty should be reported immediately —a few moments may mean the life of the patient.

In acoustic neuromas, a facial palsy is often present on the side on which the tumor is situated. As soon as immediate danger of respiratory failure and hyperthermia is over, and the patient has been transferred to bed, the nurse should at once ascertain whether or not a facial weakness is present, and should test the corneal reflexes by touching the eyelashes with a tiny bit of cotton. Up to this time, the position of the patient (face down on the cerebellar table) has prohibited accurate recognition of this symptom. If there is evidence of the absence of the corneal reflex, the affected eye should be covered with a Buller's shield to prevent irritation and subsequent inflammation.

The presence or absence of dysphagia and dysarthria should also be noted and recorded. As the cerebellar dressing is a very large well-padded crinoline cast, covering the head and extending to the waist, the nurse should see that the cast is loose enough to prevent any constricting or pressure on the diaphragm or throat, and that no discomfort is being caused by it.

The patient may lie on either side, one small, flat pillow being allowed under the head, and a pillow placed at his back for support. When the patient is on his back, pillows are not allowed, as their use tends to throw the head out of alignment. His position should be changed very frequently, but very carefully and slowly, care being taken that the cast does not slip and that it remains in good position.

Pressure symptoms must be watched for assiduously. Projectile vomiting, diplopia, marked change in temperature, pulse and respiration, with accompanying elevation in these may mean an accumulation of cerebrospinal fluid and necessitate a dressing. (Cerebellar dressings are not usually done until eight days after operation.) If the decompression is found to be full and tense, when the cast has been removed, a lumbar puncture, or ventricle tap may be performed to relieve tension; thus, recognition by the nurse of these symptoms may save valuable time for both patient and surgeon and relieve discomfort and actual suffering.

II. Pituitary Operations. Polyuria, polydypsia, glycosuria should be carefully watched for in postoperative pituitary cases. If a frontal sinus is open, if a drain is in or if there is a cerebrospinal fluid leak and subsequent danger of meningitis, urotropin 1 gm. in 600 cc. water three times a day is routinely ordered. In these cases, the nurse should be especially vigilant and alert. Any stiffness of the neck, rigidity of the extremities, or excessive drainage should be reported at once. A leukocyte count will be done daily by the doctor in the presence of an accompanying hyperpyrexia. Metabolism tests, eye fields, and weight will be checked at intervals as soon as the patient is convalescent enough to undergo the tests.

Postoperative Complications

EACH intracranial operation is different and each must be treated individually, but there are certain complications which may be common to all of them. The more common and serious complications may perhaps be enumerated.

1. Hematoma. Even after the most careful and painstaking closure, when every effort has been directed toward a complete hemostasis, a clot may result. This serious complication which, because of its insidious approach, is sometimes found difficult to recognize promptly, may occur a few hours postoperatively, or may not manifest itself by actual pressure

symptoms for as many as twenty-four to thirty-six hours. Restlessness, headache, projectile vomiting or slight drowsiness may be the only symptoms, each in itself perhaps a legitimate outcome of a long and dangerous operation, but warnings which the nurse cannot afford to overlook, and which may well be the first signs of trouble to follow. Prompt recognition of these early symptoms, before serious changes such as paralysis, respiratory difficulty, or coma result, may mean not only the saving of hours of labor and worry to the surgeon, but may even mean life itself to the patient.

II. Edema. Cerebral edema has all the earmarks of clot and can easily be mistaken for it. A magnesium sulphate rectal drip, or intravenous hypertonic saline is given to reduce edema by lowering cerebral tension—provided the diagnosis of edema can be fairly surely made, since lowering of tension tends to increase difficulty from clot, if that has been the underlying cause for the patient's failure to do well postoperatively.

III. Hyperthermia. One of the most serious complications of intracranial operations is this "heat centre" disturbance, which most often occurs following cerebellar explorations, especially in children, and after third ventricle or pituitary operations. It is evidenced by a steadily mounting temperature, varying often from a subnormal 96–97 degrees F. to 104–105 degrees—and even 106 degrees F.; all in the space of a few hours, usually reaching its height eight to ten hours after operation. The patient is cold, his extremities icy and cyanotic, and "goose-flesh" is perceptible over the entire body. Clothing should be removed [illegible], and constant [illegible] sponges may be instituted when the temperature becomes too elevated (possibly 103–104 degrees rectally) until the temperature is reduced to the neighborhood of 101–102 degrees. Care must be taken, however, that the patient reacts favorably to the sponges. In some cases, it has been found advisable to cover the cold extremities with light, though warm, blankets and sponge only the hot surfaces of the body.

IV. Hemiplegia. This may of course be a preoperative condition, or it may be one which is necessarily caused by operation. Since the development of a paresis in an extremity a few hours after operation (and this applies also to aphasia which is simply a form of paralysis applying to speech), may be a most important sign in the diagnosis of a clot or other serious postoperative complication, the nurse should, immediately after operation, note any paresis present before a clot has had time to form, so that she may compare it with conditions which may later appear.

V. Restlessness and Lack of Coöperation. Many intracranial operations are carried out under local anesthesia, but in cases where ether has necessarily been administered, or if the patient is a child and unable to coöperate, extreme restlessness may cause serious difficulty. This is especially true in cerebellar cases, when tossing about or jerking of the head, tends to place too severe a strain on the sutures. In such cases measures should be taken to tide the patient over the first few restless hours. Triple bromides, either rectally or by mouth, will usually produce the required sedative effect; in the more obstinate cases, sedatives, such as luminal, may be used, or even, when all other methods fail, and there are no contra-indications such as respiratory difficulty, a small dose of morphine may be used, usually not more than .005 gm. (1/12 gr.) in adult cases.

Conclusion

IN general, the nursing care of patients with intracranial operations is similar to that of any surgical case. The daily bath, alcohol rubs, and fresh, cool linen will add greatly to the comfort of the patient. Paralysis and incontinence being frequently present, care must be taken to guard against pressure sores. Frequent change of position, dry bedding, alcohol rubs to tone up the skin, will be of material aid, not only in preventing irritation or actual decubitus, but also as a preventive measure in warding off hypostatic pneumonia. Where paralysis is present, a bed cradle should always be used. This will remove pressure and relieve the weight of the bed clothing, since this tends to produce toe-drop and to inhibit the patient from beginning voluntary use of his extremities. The weakened members should be massaged and exercised at least twice a day, and with the approval of the doctor, [illegible] treatment may be started to stimulate motion. The patient, however, should be encouraged to do as much for himself as he possibly can, the nurse merely aiding him in those motions he himself cannot perform.

Too much cannot be said for the mouth care of these patients. A dry, furred tongue and foul breath are peculiarly frequent in neurosurgical cases, especially in the older ones, such as those in a semiconscious condition. A few minutes' care, on the part of the nurse, morning and evening, and after each meal, will solve this problem, and do away with a source of possible infection. One or two drops of liquid petrolatum placed on the tongue and lips after each treatment, will prevent dryness and cracking, and help to keep the tissues in excellent condition. The mouth and throat must be kept free from mucus, and this can usually be well taken care of by swabbing with sterile sea sponges, moistened with cold water or with an antiseptic solution. In the more serious cases, where the patient is unable to help himself, and an accumulation of mucus may cause respiratory difficulty and subsequent pneumonia, a suction apparatus may be used for elimination of mucus; care being taken that this does not cause irritation or edema of the mucous membrane.

A good, nourishing diet is essential. After the first couple of days, if not contraindicated and if his condition permits, the patient may have anything he desires. In special cases, if there is difficulty in deglutition, it is important to determine the cause, and to estimate if possible, the length of time this difficulty may be expected. If the patient is unconscious, but his coma may reasonably be expected to be relieved in a day or two, nourishment may be given to tide him over, by way of rectal drip of glucose and alcohol. Should, however, his difficulty or coma be of probable long standing, nasal feedings may be instituted. In this event, one should determine, if possible, the side on which the difficulty lies (in acoustic neuromas there is often paralysis of one side of the throat, the same side on which the tumor is located) and should turn him on his side, with the non-paralyzed side down. In this way, the patient can more readily appreciate quantities of fluid which may trickle down the side of the throat during the feeding, or any regurgitation of fluid which may occur, and get rid of it by swallowing or expectorating it. When nasal feedings are given, it is well to start them with warm water or orange juice in amounts not to exceed one hundred cc. for the first

feeding. Subsequent feedings may be increased so as to include such quantities as are suitable to the age and condition of the patient. Alternate feedings may comprise orange juice and water, milk broths (beef broth being the best), lactose eggnogs and the like. Care should be taken that the food is warm, and the capacity of the individual stomach is not overtaxed; it is better to give small amounts at frequent intervals. All feedings should be given very slowly.

In conclusion, the special field of nursing in intracranial cases is one which varies somewhat in the various clinics in which it is practiced. An attempt has been made simply to give a conception of the basic principles upon which it is founded, and from which experience in one clinic has produced the most favorable results. There are many refinements that come partly through one's own ingenuity and partly through one's efforts to meet the situation as it exists in his own clinic. New developments teach new duties; responsibilities build up initiative and self reliance. The work is fascinating in the extreme, its very uncertainties adding to its interest and appeal.

Staffing a Hospital[1]

MARY E. PILLSBURY, R.N.

In that very valuable book, *Nurses, Patients and Pocketbooks*, appears an interesting question with its reply—interesting especially in connection with this paper on staffing a hospital. This question is one which was asked of 600 superintendents of nurses: "If you had your choice, which would you rather have to take care of your patients—student nurses or graduate nurses?" The replies to this question indicate that 76 per cent of these superintendents of nurses would prefer student nurses to graduates.

This is no less than tragic, or so it seems to me. I am a graduate nurse and am capable of carrying out good nursing care. I should feel utterly [illegible] if a student nurse were preferred to me, should we both be in line for assignment to a floor or ward. And there are hundreds of other graduate nurses who have had far more practical experience and who, without doubt, would feel as I do. Right here in the Jewish Hospital of Brooklyn we have graduate nurses far richer in the lore of bedside nursing than are the students or than the students will be in five or even ten years. Why should I, the director of the nursing service, prefer students to them when it comes to caring for the patients entrusted to my care? These very students will enter the ranks of graduate nurses tomorrow, next week, next month, next year. Shall I then prefer the students who will be in the school to those whom I have previously graduated? I hope not. If I felt that way I would not be a principal of a school for nurses, for I would be in the unenviable and peculiar position of teaching and training young people for whom I would have little regard when they had graduated.

If you will turn to pages 528 and 529 of Dr. Burgess's book, you will find some of the reasons for the

[1] [illegible] meeting of Section I, New York [illegible] Nursing [illegible], March 5, 1930.

answers of that 76 per cent of superintendents of nurses. You will find upon boiling down these answers that the sum total can be expressed by the term, "attitude toward the graduates." This negative attitude is caused by a lack of plan in the assimilation of graduates into the school and hospital life. The result is, of course, *a feeling of insecurity.*

Let me place before you a plan for staffing a hospital. It is working well in one institution and creates a feeling of security, trust and happiness toward the graduates employed here.

The Hospital Situation

Size of hospital (beds)	656
Services: Out-patient department, Pediatrics, Obstetrics, Surgery, Medicine, Operating room and emergency room, Private patients	
Size of residence hall (beds)	196
Size of annex (beds)	50
Graduate body	111
Director of recreational activities	1
Housekeeper, Residence Hall	1
Student body	115
Ward helpers (day)	27
Ward helpers (night)	10
Surgical supply workers (including messengers in operating room)	9
Orderlies (day)	9
Orderlies (night)	5
Maids, residence hall and annex (including 3 elevator operators and 2 porters)	19

This picture includes all the personnel engaged in caring for the patients, directly and indirectly.

The graduate body of 111 consists of—

Administrative, teaching and supervisory (includes as well two registrars, one night nurse in charge of the residence hall and annex and one health nurse)	20
Charge nurses (day) (includes O. P. D.)	39
(night)	10
Anesthetists	5
Operating Room Nurses	8
Staff Nurses (day)	20
(night)	9
	111

With the exception of five, all graduates are registered in New York. These five are registered in their own states but, since their schools are not registered in New York, they cannot qualify here as registered nurses. It is with regret that I must soon dispense with their help.

Sixty-five hospitals are represented in this staff of 111 graduates. The distribution is as follows:

Schools	*Graduates*
55	1
9	2
2	3
1	4
1	7
1	9
1	12

The states or countries represented by these graduates are New York, Maine, Massachusetts, Connecticut, New Jersey, Washington, D.C., Maryland, Pennsylvania, Ohio, Illinois, Philippine Islands, Canada, England.

Principles Underlying the Plan

THE underlying principles of the plan for staffing this hospital emphasize behavior. Each graduate becomes acquainted with these principles from the moment she arrives with her baggage. They are demonstrated to her as soon as she comes to the door of the Residence Hall. She finds that she is expected and that the clerk at the information desk recognizes her name and that a room is ready for her. Her reception, therefore, is a demonstration of behavior on the part of the non-professional personnel of the institution in which she is about to work.

Some time during this first day the new graduate either has a note from the supervisor in whose department she is placed or she receives a personal

call from her. In either event, she is greeted and is asked to be in the lobby of the Residence Hall at 7.30 the following morning. At that time the supervisor meets her and takes her to her division. There she is introduced to the charge nurse in whose care she is placed. Here is behavior on the part of professional personnel.

The plan includes an effort to have new graduates report on Sunday and go on duty on Monday. With this in mind, the weekly formal tea is given on Monday from 3 to 4.30. The Superintendent of Nurses arranges to be present and the Director of Social Activities pours. Supervisors bring any new graduates to the tea where they meet the Superintendent of Nurses. Again behavior—this time on the part of the Superintendent of Nurses. There are students, other graduates, and doctors at this tea. The first contact with the Superintendent of Nurses is thus made at a social gathering. Any students who are present are introduced, as well as doctors, and others. The Social Director talks with the new graduates about the swimming pool and invites them to join in this activity. The President of the Graduate Nurses' Club, who is the Assistant to the Superintendent of Nurses, invites them to join the club and learn or play bridge as the case may be. More behavior—this time along social lines.

From this time on, the usefulness and the consequent happiness and success of the new graduate is in proportion to her own behavior. If she is wise, she will re-read the letter which she had received from the Superintendent of Nurses. The letter is the one that goes out to each graduate applicant.

[illegible]

[illegible] graduates come in as staff nurses, [illegible] at a salary of $60.00 a month and maintenance. While here, there will be two months of night duty a year. This will be divided into two four-week periods. An allowance of $5.00 extra per month is made for night duty.

I select head nurses from staff nurses. Head Nurses receive $100.00 a month and maintenance.

That the new graduate has come to this institution is evidence of the fact that she is satisfied with the terms of this letter. What will be her behavior? She must prove her worth before she is eligible for appointment to the next vacancy of Charge Nurse. Naturally she is eager to learn the technics in use in this hospital. But more than a knowledge of technics is expected and required! Social behavior is stressed. Each graduate is early made acquainted with the fact that she is expected to be an example to the students. I have heard it said that there are graduates who find this irksome and fatiguing. I am truly sorry for them. Is it asking too much of graduates to give some time to social and recreational activities, so that they may become acquainted with students, other graduates, supervisors and the superintendent of nurses? Is it asking too much of graduates to keep hours that ensure healthful living and careful nursing? Is it too much to ask of graduates to maintain a professional bearing and appearance, to control the voice and to guard against display of temper? The fact that there is a very small turnover of graduates in this hospital and a very large waiting list since this plan has gone into effect proves the contrary.

I am not interested in the graduate who wishes to remain indefinitely as a staff nurse. I am not interested in the graduate nurse who sees only the check in her pay envelope. I am not interested in the graduate nurse whom I never see in the pool nor at bridge, nor at the weekly social dance, nor at

the social plays, etc. Such nurses are merely on the pay roll. They do not know us and we do not know them. Have they nothing to contribute other than the practice of nursing?

Now as to behavior of the graduate nurse and the student. Our students are taught that every graduate nurse can be and should be an example to them—if not in all things, at least to a great extent. They realize that the staff nurse of today may possibly be their charge nurse of tomorrow. This engenders a feeling of respect on the part of the students for the graduates.

Since all graduates, with the exception of course of those for the operating room and for anesthesia, come in on an equal plane as staff nurse, there are few, if any, petty jealousies. Appointments are made in order of time of entrance, provided the nurse qualifies educationally, practically, socially, and professionally.

There is no difficulty with night duty, since each graduate knows before entering that two months yearly of night duty are expected of her. Permanent night duty nurses are placed on some floors.

Advancement in the school is not a mirage as is evidenced by the following examples.

Present Office	*Salary Increase*	*Former Office*
Surgical supervisor*	$25.00	Surgical charge nurse
Medical supervisor, (studying)	15.00	Medical head nurse
Private Patient supervisor	25.00	P. P. head nurse
Obstetrical Supervisor*	25.00	Charge, delivery room
Charge nurses of 4th, 5th 7th and 8th Private Patient floors	10.00	Staff nurses
Pediatric supervisor (vacancy created by former supervisor resigning to go into social service work)	20.00	Charge nurse, pediatrics

Should a staff or charge nurse not evidence interest or meet the requirements of this plan professionally or socially, we have a talk. If then she does not meet the requirements, she is notified to hand in her resignation, effective within two weeks. The vacancy thus created is filled by some nurse in line for advancement.

There are in an institution of the size shown, vacancies created from time to time by illness, death in the family, marriage, leaves of absence, vacations, and forced resignations.

The graduate nurse who comes on the staff has been well taught in a school recognized by New York State. We go on the basis that she knows nursing and is a capable person. All she needs, to be of the greatest help to us, is to adapt herself to our ways, ways that include nursing practice and general behavior.

By making it possible for her to secure advancement and an increase in salary through her own efforts, by providing for social and recreational interests, by comfortable housing and by furnishing good food, we gain an interested, happy, and careful nurse, to whom with full confidence we entrust our patients. This graduate is an inspiration to our students. She is what we hope our own students will be after they finish their course and qualify as "graduate nurses."

At a class with the graduates not long ago, we decided that the objectives of life are [illegible] happiness and success. Before the class was over we all agreed that behavior [illegible] and [illegible] the attainment of these objectives. Certainly it [illegible]—particularly in nursing [illegible]?

* Matriculated at Teachers College for B.S. degree.

A Practical Ice Bag Cover

M. CORDELIA COWAN, R.N.

THE use of the ice bag for local cold applications should be devoid of the dangers of thermal injury to the skin by direct contact with an uncovered bag and from any exposure that ensues from damp bed clothing due to a leaking bag. Dangers of freezing the skin and exposure to dampness from leaks, the result of pin pricks, can be lessened by the use of a very simple cover which is made of two thicknesses of gauze three-fourths of a yard long and one-half a yard wide, using the folded 36-inch gauze, three-fourths of a yard long.

Greater protection against thermal injury is afforded by the two thicknesses of gauze than in the use of one thickness of more closely woven material, because the two thicknesses of gauze can better prevent contact of the bag with the skin, and the gauze, being porous, gives greater air space than a closely woven fabric.

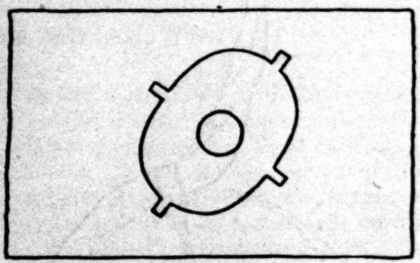


FIGURE I

FIGURE II

In the use of this type of cover over a period of about ten years, no damage of the skin has ever been reported. The skin may become hyperemic just as it does from hot applications, so that with a very sensitive skin it may seem advisable to place an additional thickness of material between the skin and the covered ice bag, for example, adjusting the covered ice bag with the gown between it and the skin.

By an easy method of adjusting this gauze it can be made to serve as both cover and ties for the bag so that no pins are ever needed to hold the cover on nor to hold the bag in place.

After the ordinary ice bag has been filled (about one-fourth to one-half full, depending upon its use) and carefully examined for leaks, it is placed diagonally upon the folded piece of gauze (Figure 1) and each side is brought up smoothly to cover the bag (Figure 2). Then, beginning at the folded edge, each side is rolled in to catch the short upper edge and to fit the bag, and each end of gauze is carried through the loop of the bag at that end to hold the cover in place and form the ties (Figure 3). In case the ordinary bag has eyelets instead of loops it will be necessary to make

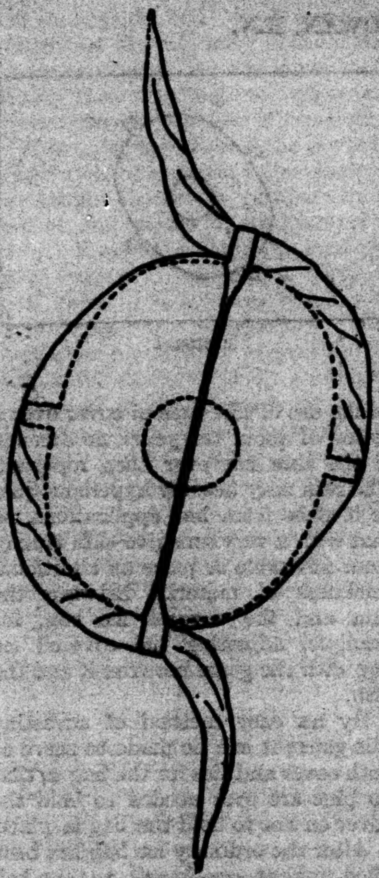


Figure III

loops from two eight-inch pieces of tape or bandage.

The ordinary ice bag with this kind of a cover is adaptable to many uses. It can be applied to the head and held in place by tying at the occiput, and has distinct advantages over the helmet type of bag in that the ice does not get down under the patient's head to cause discomfort and it forms a shade for the eyes, a regular "Helen Wills" effect. The bag is easily held in place with the ties if it is to be applied to the extremities or the neck. When the bag is to be used for the neck, the side loops tied together, after the bag has been filled about one-fourth full of finely chopped ice, makes it sufficiently narrow to fit the neck, and the cover put on in the same fashion gives the ties to hold the bag in place. When cold applications are desired for some specific area of the abdomen, thorax, or breasts, an extension to go beneath the patient's body can be made of a length of muslin bandage that is tied to the tie ends of the cover, or a slit may be made in the bandage to go over the lid of the ice bag and the ends of the bandage carried through the loops with the tie ends.

In conclusion, such a cover for the ordinary ice bag:

1. Gives greater safety to the patient since the cover stays on very well and pins are eliminated;
2. Provides for greater comfort to the patient;
3. Makes the ordinary ice bag more adaptable to various uses;
4. Is more economical, in that the gauze is comparatively cheap, requires no construction in the sewing room, and can be washed with other flat gauze and used again.

Grade "A" and "B" Defined

GRADE "A" milk means bacteria counts always below 50,000, sediment disc always clean, annually tuberculin-tested cows, modern dairy barns, fully equipped milk-houses for washing and sterilizing equipment and bottles, and finally bottle caps properly labelled according to grade.

Grade "B" milk means bacteria counts always below 200,000, sediment disc fairly clean, annually tuberculin-tested cows, at least a clean dairy barn, fully equipped milk-house for washing and sterilizing bottles and utensils, and finally bottle caps properly labelled according to grade.—*From Delaware Health News*, January, 1930.

Tests For Syphilis

An Explanation of the Wasserman Test

VIRGINIA BOYER MILLER, R.N.

MANY nurses know that a "four plus Wassermann" means strongly positive for syphilis, but do not know just how that result was obtained; others have noted on laboratory reports that a "cholesterinized antigen" was used and were not sure of the meaning of these words. Many have wondered why sometimes both blood and spinal fluid were examined, and at other times just blood. If those graduate nurses interested in the education of student nurses can explain the theory of this test, simply and intelligibly, there will be a much greater understanding of and interest in the laboratory reports of patients.

The Wassermann test is by no means easy to explain to others, but a thorough understanding of the theory will render the task less difficult. It is so commonly used today that every nurse should understand its main principles. The details of technic are not given, as these are the work of the laboratory technician.

The Wassermann reaction depends simply upon the fact that the body of any animal produces substances which protect against foreign substances which may gain entrance to that body. The following example is given, not because it is what takes place when the syphilis organisms invade the body, but because it is similar to what takes place in this disease and also because it can be easily demonstrated in the test tube.

If red blood cells of one species of animal are injected into another species of animal, a substance is formed in the receiving animal which causes a destruction of the invading red blood cells. This can be shown by injecting sheep's red blood cells into a rabbit. Now, if the blood of the rabbit is drawn and the serum is separated, it is seen that this serum, when added to more sheep's red cells, dissolves or lyses them. Therefore there are two substances, at least, concerned in this reaction. The injected sheep's red cells are given the name *antigen*. The substance which destroyed the red cells is given the name *antibody* or *amboceptor*. But it is also found that rabbit serum heated to 55 degrees C. will no longer react in the former way. This shows the presence of a third substance which was killed by the heat. Furthermore, this substance can be added from the serum of another animal to the heated rabbit serum and the sheep's red cells, and then the reaction will take place as at first. This third substance is called *complement*. When complement joins with amboceptor and antigen it is "fixed"; *complement fixation* has taken place.

To return to the complement fixation test for syphilis, the first thing to realize is that there are two distinct systems, prepared in two separate test tubes and then added together. There is the *syphilitic system* and the *hemolytic system*. The first is the one of main interest—will or will not the changes indicating syphilis take place in this test tube? The hemolytic system is merely an *indicator system*, enabling these changes to be seen without the use of the microscope.

The two systems can be outlined as follows:

Syphilitic System	*Hemolytic System*
I. Syphilitic Antigen (Antigen means any substance which, when inoculated into the body, is capable of causing the production of antibodies—defense against that substance.)	*I. Hemolytic Antigen* Sheep's red blood cells, suspended in salt solution are used.
II. Syphilitic Amboceptors (Amboceptors are a type of antibodies—substances formed by body cells as a defense against antigens.) The big question in this whole test is whether or not these are present in the fluid of the particular patient being tested.	*II. Hemolytic Amboceptors* These are hemolysins (antibodies which lyse or dissolve red cells) developed in rabbits' serum against sheep's red cells by repeated injections of the red cells.
III. Complement (Complement is an enzyme-like substance found in the blood of all warm-blooded animals.) Guinea pig complement is used for reasons later stated.	*III. Complement* ?? Not supplied. Only present in this system if it is not "fixed" or used by the syphilitic system.

The syphilitic system must be thoroughly understood first:

I. Syphilitic Antigen

A wide variety of antigens are used. Remember antigen means the substance, which, when inoculated into the body is capable of causing the production of antibodies. In this instance it would be immediately supposed that the organisms causing syphilis, or tissues containing these organisms, would be the antigen. The following antigens have been, or are used.

1. Wassermann used the aqueous extract of a syphilitic liver of a fetus. This contained the organisms causing syphilis, namely Treponema pallida, in great numbers. This is not used much now as it does not keep well and gives irregular results. It tends to become anticomplementary—that is, it unites directly with the complement whether the amboceptors are present or not, whether the patient has syphilis or not.

2. An alcoholic extract of a syphilitic liver is extensively used at the present time. This keeps better and is less anticomplementary.

3. An alcoholic extract of a guinea pig heart, human, or beef normal heart, is also used. Though these are normal organs they apparently give just as good results. Why? It is difficult to understand, and there is no satisfactory explanation. It is because of this very fact that the Wassermann test for syphilis is not a specific [illegible] reaction but is a specific diagnostic reaction. The syphilitic system is not a true immunity system because normal organs can be used as the antigen.

4. An alcoholic extract of normal organs reinforced with cholesterin is used a great deal at present. The addition of 1-4 per cent cholesterin (remember from chemistry that cholesterin belongs to the family of lipins, which are similar to fats) makes the antigen more sensitive—that is, it reacts more readily. In fact, this antigen is apt to be too delicate and some bacteriologists feel that a positive is sometimes given in the absence of syphilis. Others do not agree with this. However, because of this uncertainty it is not used alone, but controls are run along with it. (By control is meant an experiment or other standard by which to test the correctness of observations.) This antigen is of the greatest value in testing for a cure, as it is so delicate. If it is negative, the patient is far on the safe side. (Perhaps the words "Cholesterinized antigen" so often seen on charts are now explained.)

5. An acetone insoluble antigen is also used. This is prepared by extracting with alcohol normal organs, as the heart, and then using the portion of this alcoholic extract which is insoluble in acetone. (Remember from chemistry that acetone is a good solvent, especially for fats and [illegible].) This antigen is less apt to be anticomplementary than all the others. It [illegible] [illegible] of [illegible] (another member of the lipin family) and is one of [illegible] contributions to the Wassermann test.

To summarize antigens: employ at least two antigens. Those most frequently used are the acetone insoluble antigen and the cholesterinized antigen.

II. Syphilitic Amboceptor

This is the big question. Have the patient's body cells been fighting

against the disease syphilis by forming amboceptors in the blood? If these are found to be present, the disease is present. If they are not present, the disease is not present. So as the unknown quantity a fluid from the patient is used.

This fluid is usually blood serum taken with sterile technic from one of the large superficial veins of the arm. About 10 cc. should be taken and be allowed to clot as quietly as possible. Then the serum, free of red blood cells, is used. If this is not sterile or remains too long before it is used, it may be spoiled and become anticomplementary.

Since complement is added from another animal to this first system, it is desired that all the complement in the blood serum be killed by heating. 56 degrees C. for 15–30 minutes is usually used. Why is the complement killed when the next step is to add complement? It is done because the exact amount of the complement is unknown—it varies in the blood of different individuals. In this test, known, definite quantities of everything must be used.

Spinal fluid is also used in certain instances which will later be mentioned. Since this does not contain complement it does not have to be heated. Human milk, pleural and peritoneal exudates are occasionally used. Urine is very rarely used.

III. The Complement

The blood of most warm blooded animals will serve, but the blood of the guinea pig is most widely used. Even in this animal it varies in amount and activity, so it is best to mix that of at least three guinea pigs. The blood from these animals is taken in the latter part of an afternoon and kept at room temperature a short time and then put in the ice box overnight. The serum is separated from the blood a short time before the Wassermann is begun. This serum is not satisfactory if kept too long.

The *Hemolytic system*, as mentioned before, is an indicator system and shows whether or not the amboceptors against syphilis are present in the first system.

I. Hemolytic Antigen

The antigen consists of sheep's red blood cells, thoroughly washed and suspended in saline solution.

II. Hemolytic Amboceptor

It is necessary for this antibody to be manufactured in some organism just as it was necessary for the syphilitic amboceptors to be built up in the human body against syphilis. In this case they are manufactured by injecting repeated doses of washed sheep red cells into rabbits. 5 cc. of a 10 per cent suspension of sheep red cells are injected intravenously every five days for five injections. The rabbit serum is most frequently used, but sometimes anti-ox or antihuman amboceptors are used. The clear serum, containing the amboceptors is then heated just enough to kill off the complement of the rabbit, but not enough to kill the amboceptors. Fortunately complement is killed at a lower temperature than amboceptors.

III. Hemolytic complement

The complement is *not* furnished with this system. It is *not* put into the hemolytic system test tube. It is only when the complement is not fixed by the first system that there is any left for this second system.

The syphilitic system is mixed, shaken, and allowed to stand fifteen to thirty minutes. It is then put in a water bath at 37 degrees C. for thirty minutes to an hour. The hemolytic system is incubated and then added

to the above system. After one hour the first observations are made. The test tube is then put in the ice box over night. The next morning the second observation is made.

In addition to the fluid a number of controls are used. Thus every precaution is taken to guard against incorrect results.

Results

1. If there is a complete non-hemolysis (hemolysis means the laking or lysing or dissolving of red blood cells) of the sheep's red cells—if they appear just the same as before the syphilitic system was added—that means that the patient's fluid contained enough amboceptors to tie up all the complement in the test tube and the Wassermann is four plus. The test tube shows the red cells gradually settling to the bottom leaving the clear serum above. The fact that the amboceptors were present in the patient's fluid shows that his body has been fighting against the organisms causing syphilis. When all the complement is used by the first system there is none left over for the hemolytic system—none left to lyse or dissolve the sheep's red cells.

2. If there is a 75 per cent inhibition of hemolysis the Wassermann is +++.

3. If there is a 50 per cent inhibition the Wassermann is ++.

4. If there is a 25 per cent inhibition the Wassermann is +.

5. Less than 25 per cent is written ± and means a weak positive.

6. A negative Wassermann is shown by complete hemolysis or dissolving of the red cells. The fluid is clear and red—the cells are fully hemolyzed. This means that none of the complement could be used by the first system because there were no syphilitic amboceptors present, showing that the patient's body was not fighting against syphilis.

Some clinicians feel that the plus system of reporting should not be used, but results merely recorded as strongly positive, positive, doubtful, or negative.

What Is Meant by Complement Fixation?

In a positive Wassermann there is complement fixation, in whole or in part. This simply means that all or most of the complement was used or fixed by the syphilitic system. In a negative Wassermann there has been negative complement fixation—none of the complement was used or fixed by the syphilitic system.

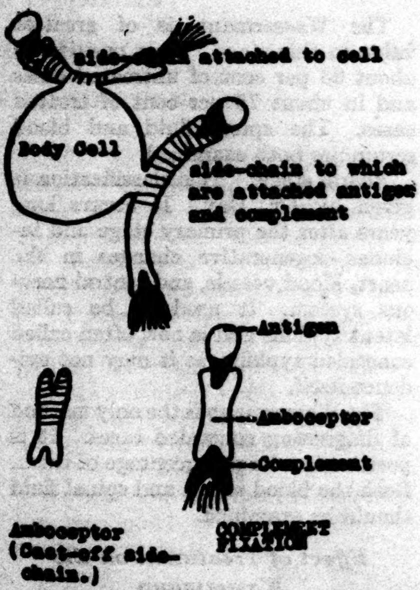
To understand more thoroughly what is meant by the fixing of complement, it is necessary to consider Ehrlich's *Theory of Immunity*. This is just a theory, but it is at present the best explanation of this reaction. Ehrlich divides his theory into three orders, and it is the third and most complex which deals with complement fixation.

Think of the drawing on page 711 as representing any body cell, a cell which has the ability to combine with various poisons or toxins of bacteria as they come into the body. The two combining arms illustrate diagrammatically the part of the cell that the toxins combine with when they reach this cell. One of these combining arms is for the invading toxin or foreign cells, and the other is for the complement. Now, if a toxin comes along that will fit onto the toxin part of the combining arm or side-arm, in other words has the same combining power, it will join onto the cell and then the combining arm plus the bacterium is thrown off by the cell and circulates in the fluid—blood, lymph, spinal fluid, etc.

After this takes place, it connects with another receiving substance, a substance without which it is not complete,—the complement. Now that both portions of the side-arms have their combining power satisfied, the harmful substance or bacterium will be lysed or dissolved. Complement is an enzyme or digestive substance of some sort. The side-arm from the cell is called the Amboceptor and it is impossible for the amboceptor to be attached to the complement in

the absence of the *antigen*. Antigen, remember, is any substance that causes production of antibodies. It is also impossible for the antigen to attach to the complement without any amboceptors—and this is what happens in a negative Wassermann and accounts for the complement being left over for the second system. There is negative complement fixation. It is only when these three substances, antigen, amboceptors, and complement are present that complement fixation takes place.

In the above discussion and diagram it might seem that there is just one amboceptor. But, according to Ehrlich's theory, if one amboceptor is cast off into the fluid by the cell, the cell is stimulated to produce in excess more and more amboceptors. They are cast off into the fluid even before the antigen reaches the cell. Thus, if a patient is infected with a few vigorous organisms causing syphilis, many of these amboceptors are cast off, and it is for their presence in the blood or spinal fluid that the Wassermann test is made.



The Wassermann in the Various Stages of Syphilis

THE *primary* stage is from the appearance of the initial chancre or sore to the appearance of constitutional symptoms. The chancre appears ten days to three weeks after date of infection and this stage lasts six to twelve weeks.

Early in this stage the Wassermann will not be positive. It is usually not positive until from seven to eight weeks after infection, because until then the infection is local and has not become established in the blood stream. Then it is positive in 82–92 per cent of the cases when a cholesterinized antigen is used. There is one record of a positive five days after the appearance of a chancre and there are many records after ten days. (In the first stage scrapings of the chancre can be examined with the dark field attachment of the microscope for the organisms, Treponema pallida.)

The *secondary* stage is from the beginning of constitutional symptoms and lasts an indefinite period, usually about six weeks, and is characterised by a peculiar type of skin eruption, eruptions on the mucous membrane and mucous patches.

There are from 92–100 per cent positive Wassermanns in untreated cases. The treated cases are slightly less positive. It is best to examine the spinal fluid besides the blood serum in this stage, as there are many more involvements of the central nervous system in this stage than was formerly thought.

Tertiary stage. This is characterized by visceral symptoms and the formation of gummata. The symptoms are varied and may mimic any disease.

The Wassermann is of greatest value in this stage. It is positive in about 90 per cent of untreated cases and in about 75 per cent of treated cases. The spinal fluid and blood serum are both examined.

Fourth stage. This classification is given by Dr. Day. It occurs long years after the primary stage and includes degenerative changes in the heart, blood vessels, and central nervous system. It used to be called latent syphilis and is now often called concealed syphilis, as it may not evidence itself.

The Wassermann is the only method of diagnosing concealed cases. It is positive in a large percentage of them. Both the blood serum and spinal fluid should be examined.

Effect of Treatment on the Wassermann

I. A Wassermann should not be taken until ten days after the last treatment. The Wassermann reaction is the most delicate single symptom of the treatment. It is the last symptom to disappear under treatment and the first to reappear.

II. A single Wassermann should not be sufficient to diagnose a cure. A succession of them should be run frequently over a period of two years and then off and on during life.

When Not to Perform the Wassermann Test

I. Do not perform this test until three days after cessation of alcoholism.

II. Do not perform until two weeks after cessation of last specific treatment.

III. Never perform immediately after anesthesia or during high fever.

Positive Reactions in Other Diseases than Syphilis

I. In yaws the test is positive, but this disease is not found in this country.

II. In relapsing fever it may be positive, but this is also uncommon here.

III. In leprosy the present evidence strongly points to the fact that when the Wassermann is positive, syphilis is also present.

IV. In malaria, scarlet fever, tuberculosis, jaundice, diabetes, and uremia, it is now thought that the Wassermann is not positive unless syphilis is also present. It may have been positive in former times when the technic of the test was not standardized.

V. In late pregnancy, it was formerly thought that there might be a positive test without the presence of syphilis, but the evidence now strongly points to the presence of the disease.

The Practical Value of the Wassermann

I. It is a specific diagnostic reaction for syphilis.

II. It is invaluable in estimating the results of treatment.

III. A positive reaction is of more significance than a negative one.

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Tests for Syphilis

The Kahn Test

KATHRYN E. KENNEDY, R.N.

WHILE the majority of nurses will never, in all probability, be called upon actually to perform a Kahn test, nevertheless, the value of the Kahn test in the realm of science and medicine has proved to be so great, and the test has received such world-wide publicity, that it seems essential that every nurse, be she a laboratory technician or not, should be familiar with the purpose and practicability of this famous test as well as know in a broad way its technic, if the profession of nursing is to keep abreast of the scientific times.

It will be remembered that following closely upon the discovery of the spirochaeta pallida by Shaudin and Hoffmann in 1905 came Wassermann's development of the complement fixation test for syphilis. In 1907 came Michaelis' attempt to develop a precipitation method for detecting syphilis. This was met with only partial success and to the honor of producing a practical, standardized precipitation test for syphilis fell to Dr. Reuben L. Kahn of Michigan.

The Kahn test may be defined as a precipitation method for detecting syphilitic serum by means of a specially prepared antigen. The test is used as an aid in the diagnosis and treatment of syphilis. However, in no way, is the test to be construed as supplanting the necessity for clinical study. Syphilis, of necessity, demands the most painstaking observation of each patient by clinicians as well as the most careful and accurate laboratory tests done by properly prepared laboratory technicians.

During the past five or six years the Kahn test has become constantly more popular, so that it may be said today that the majority of laboratories are using this test in place of the older Wassermann test. The popularity of the Kahn test is due primarily to its practicability, for the test can be done in considerably shorter time than the Wassermann test, its availability is greater, the results are more dependable, its technic is much simpler, and the various procedures of the test offer special aid to clinicians in the diagnosis and treatment of syphilis.

We will now consider the test from the standpoint of each of its five practical values, to wit:

1. *Rapidity.*—The Kahn reaction can be completed within one hour from the time the blood is drawn from the patient. It takes fifteen minutes to separate the serum from the clot by centrifuge, thirty minutes to heat the serum, and five minutes to make the test.

2. *Availability.*—The Kahn test can be readily performed any day, in any laboratory, in any part of the world with the same degree of accuracy. This availability is due to the fact that there are no reagents to standardize daily.

3. *Dependability.*—The Kahn test has proved to be unusually dependable. Such dependability is possible because no technical detail has to be removed from the observation of the worker for any period of time during the entire procedure.

4. *Diagnostic and Treatment Aid.*—The Kahn test lends itself in several ways in the diagnosis and treatment of syphilis. For example, the quantitative procedure expresses the potency of the serum after each treatment. The blood tests would all be "four plus" if the regular Kahn test were used and these would give no indication of the effect of therapy. Also, the presumptive procedure is more sensitive than the routine test and this procedure, therefore, is used for cases whose clinical symptoms suggest syphilis but whose blood tests are negative.

5. *Simplicity of Technic.*—The test employs only three reagents, namely: (1) antigen; (2)

serum; (3) physiological salt solution (0.9 per cent salt solution).

The antigen is a specially prepared alcoholic extract of powdered beef.

The serum is prepared as follows: Obtain 5 cc. of blood in a clean test tube, allow it to [illegible] C. [illegible]

Performance of the test. [illegible] for each blood tube. The [illegible] and pipettes are ready for measuring antigen suspension and serum.

Antigen suspension is prepared by mixing [illegible] with salt solution. The [illegible] is then mixed with serum in three different proportions according to the following scheme:

	Tube	1	2	3
Serum: Antigen [illegible]	1	[illegible]	[illegible]	[illegible]
Antigen suspension.....	2	0.05 cc.	0.025	0.0125
Serum.....	3	0.15 "	0.15	0.15

Shake the tubes for three minutes then add one cc. of salt solution to each tube in row 2, containing the antigen suspension and [illegible] the [illegible] [illegible] and then [illegible]

Reading [illegible] The [illegible] tubes, [illegible] the heavy [illegible]

tive and clear negative reactions are readily differentiated without lifting the tubes from the rack. The weakly positive ones are examined very closely and individually over an electric bulb enclosed within a box with a slit, or the ordinary hand lens may be employed.

The following interpretation scheme is suggested for the Kahn test:

Four plus reaction. Definite particles suspended in a transparent medium are visible by direct examination.

Three plus reaction. Particles are definitely visible, but are less clear cut than in the four plus reactions.

Two plus reaction. Finer particles are suspended in somewhat turbid medium. They cannot be distinguished until the tube is usually elevated.

One plus reaction. Still finer particles are detected.

Negative reaction. The medium is transparent and free from visible particles.

A positive (++++, +++, or ++) Kahn reaction for diagnosis should be taken as a strong probability of syphilitic infection. A very weak (+ or ±) reaction should be taken as a lesser probability. This probability in both types of reactions becomes certainty in the presence of clinical evidence of syphilis or of a history of infection. In the absence of these, clinical opinion must be the criterion. Many factors are to be considered in [illegible] the exposure of the patient to infection and the nature of the ailment, especially as to their response to [illegible] treatment, the age of the patient and the health of the [illegible] and offspring of syphilitic [illegible]

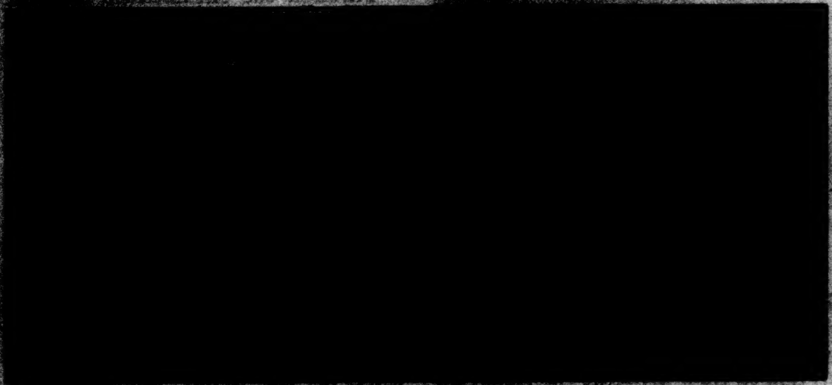
[illegible] Kahn, Reuben L., M.D.: The Kahn Test — A Practical Guide.

Sellew Hall

OLIVE SHALE, R.N.

COMPLETION of the new [illegible] home at the Presby[illegible] Hospital of San Juan, [illegible] Rico, marks a new step in the [illegible]t of an institution that has [illegible] outstanding service for the [illegible] century. It also sets a [illegible] for nurses' homes in the [illegible]

The home will provide living quarters for 100 nurses and members of the staff of the hospital. It will contain class and demonstration rooms as well. Its occupancy will free the present hospital building of living quarters and will permit its alteration and extension to provide approximately 50 per cent increase in bed capacity.



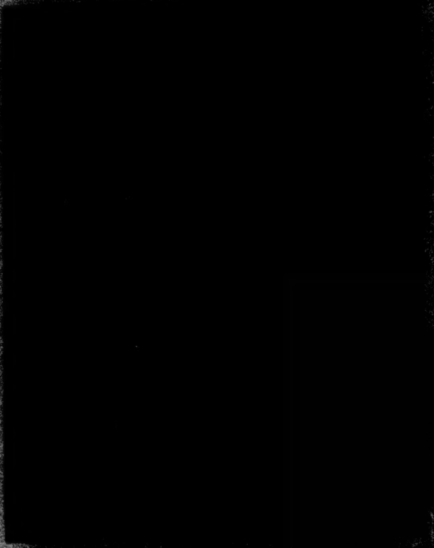
Sellew Hall—Accommodates 100 People —Dedicated February 20, 1930

[illegible] seven years ago the idea of a [illegible] home blossomed and the [illegible] training, led by Rosa Gon[illegible] superintendent of nurses [illegible] first sum of money. Theirs, [illegible] day, was a gift of love [illegible] for the institution, and [illegible] in Porto Rico in two days' [illegible] $[illegible],000. The home was [illegible] a cost of $155,000, and is to be [illegible] Hall for Mrs. Caro[illegible] of Montclair, N. J., [illegible] her love and interest [illegible] the home [illegible] legacy.

[illegible] of Porto [illegible] this time is tuber[illegible] director of the new [illegible]

Sellew Hall is a modern concrete structure of three stories, and was designed by D. Everett Waid of New York. It is surrounded by beauties of nature such as few nurses' homes can claim, for it overlooks the ocean and from every room one has a palm-fringed view of the sea.

The nurses' home is the third great project completed by the hospital. The first medical work which resulted in the establishment of the Presbyterian Hospital was commenced in 1901 by Dr. Grace Atkins Holmes, who is now practicing at Elizabeth, N. J. At the beginning of the Twentieth Century, Dr. J. Milton Greene was Director of Presbyterian Mission work among the poor people of San Juan.



[illegible]

Dr. Green became more and more distressed over their [illegible] conditions, and, because nothing was being done to relieve their suffering, he called for help from the States. Dr. Atkins, who later became Mrs. Holmes, was sent to Porto Rico. She began her work by opening a dispensary. The immediate response of the sick who crowded the limited quarters proved that there was a call for the service she was there to render. During the first year 6,0[illegible]6 cases were treated at the dispensary, and 900 calls were made on patients in their homes. The work grew so rapidly, and the need for it became so overwhelming, that a second physician was necessary. As the work daily grew, a hospital became more and more a necessity. The appeal was made and finally, in 1904, three small buildings were erected, a hospital, a dispensary, and an administration building. This first hospital meant the opening of a new field of service that was, in time, to affect the entire island, morally, physically, and spiritually. But just as the clinic alone proved inadequate and had to be supplemented by a hospital, so the small wooden hospital, poorly arranged, inadequately equipped, and year by year showing the effect of climate and insect life, had to give way to a larger hospital to meet the appeal of the growing numbers who applied for treatment.

Through the enthusiastic response of Presbyterian women to a need so [illegible], a generous contribution from the Board of Home Missions and [illegible] of appreciation from Porto Rico [illegible], a new hospital was made possible.

The training of nurses was begun in the early days. The first class graduated and received diplomas in 19[illegible]. To date there have been 154 nurses graduated by the school, and today there are thirty-eight students in training. These nurses not only are engaged in nursing and similar work on the island, but several of them have continued their profession in the United States where they are making a contribution to nursing.

The dedication service of Sellew Hall in February was a very brilliant affair, attended by many of the prominent people of San Juan and the Island, and some also from the United States who have watched through the years, with growing interest and enthusiasm, the development of the Presbyterian Hospital.

[illegible]

Cancer Control

JOHN C. A. GERSTER, M.D.

CANCER is of great importance to the public, because of its frequency. Cancer education is of great importance because of the many misconceptions current about the disease, and because of the great amount of public ignorance and fear. The facts about cancer should be known especially to nurses, since they can be of real assistance in spreading the correct information. These are some of the points to be remembered:

Cancer causes approximately 110,000 deaths annually in the United States, and is second only to heart disease as a cause of death.

Cancer is not a disgraceful condition. It is not contagious, that is, it cannot be given by one person to another or from parent to child. It is not a blood disease. It is not, by any means, in all cases hopeless from the start.

Through early recognition and early diagnosis of malignant disease, followed by complete removal, many lives can be saved; but there are still many patients who, because of ignorance of the symptoms, come too late for successful treatment even though the cancer is in accessible regions, for example, the skin, the mouth, the larynx, the breast, and the cervix uteri.

It has been stated that no one should die of cancer of the skin, and yet in 1927, in the United States Registration area, 3,758 men and women died from skin cancer. During [illegible] men and women in the [illegible] area died from mouth cancer. It is estimated that 70 per cent of [illegible] cases of cancer of the breast [illegible] be cured by early diagnosis and prompt removal; and yet during 1927 in the Registration Area of the United States, 9,443 women died from cancer of the breast. In the opinion of a prominent laryngologist, *nearly all* patients with early cancer of the larynx can be saved by operation.

In cancer of the cervix uteri the modern trend is to treat with radium. Consequently, the fear that operation may be advised should not cause women to neglect presenting themselves for periodic examinations. Nor should modesty be considered an excuse in view of the many excellently trained women physicians now practicing all over the country.

The effects of public education on the results of surgical treatment for cancer of the abdominal organs are well described by a great surgeon, the head of a world-famed clinic in the West. He states that as a result of education among the laity there are coming into the clinic enormous numbers of patients with early cancer, as well as increasing numbers of patients with lesions of the type which may result in cancer but which are easily and safely removed. He says further that the percentage of cases of internal cancer, such as cancer of the stomach, large intestine, and rectum, in which at least five- or ten-year cures have been effected by early treatment, is really astonishing.

People with early cancers fail to realize that they may have the disease in spite of the fact that they feel perfectly well, experience no pain, and do not show loss of weight. Ignorance of these facts is responsible for many perfectly sensible individuals losing precious time and allowing months to pass before they present themselves for examination.

Fear of cancer and of being told that an operation is necessary [illegible] also many people to delay. Although they [illegible] moval is possible. [illegible] even, some of these [illegible] after the [illegible] discovery and early treatment [illegible] the [illegible] of cancer.

Regular periodic physical examination is the best means for detecting not only cancer but many other conditions, such as tuberculosis and heart disease, in the early stages. All the public health organizations urge regular periodic physical examinations. The great life insurance companies have found that among their thousands of policy-holders those undergoing periodic examinations have a greater expectancy of life than those who do not.

With our present knowledge much is being done and more can be done, if patients can be seen earlier. Public education is already showing results. Specialists with large practices report that more people are coming to them with early cancers and that the percentage of successful removals are becoming correspondingly higher.

These are some of the facts about the situation in general. More specific information will be given in the series of articles on different phases of the problem which will follow. The first of these on "Cancer of the Skin" by Dr. Robert H. Kennedy appears in this issue. In succeeding issues, "Cancer of the Uterus" will be discussed by Dr. George Gray Ward and "Cancer of the Breast" by Dr. Burton J. Lee. These have been carefully prepared especially for the readers of this magazine, and should be of great value to them.

A small pamphlet on "Cancer Control and How the Nurse Can Help toward Its Accomplishment" will be sent on request to the New York City Cancer Committee, 34 East 75th Street, New York (Rhinelander 0435).

Cancer of the Skin

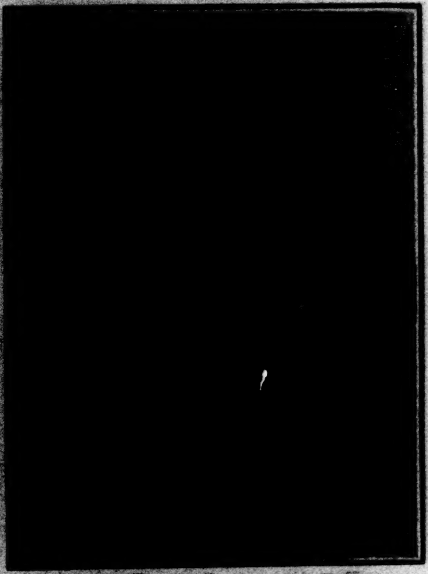
ROBERT H. KENNEDY, M.D.

THE greatest advance in the proper treatment of cancer at the present time is being made in persuading people to go to their doctors earlier, thereby [illegible] of the skin should be the easiest to recognize early because it is visible and does not, like deeper cancers, have to be felt, not deduced from the symptoms. Yet many patients with cancer of the skin delay applying for treatment until the disease has gone beyond the stage when complete removal of the growth and its accompanying [illegible] are [illegible] on. [illegible] but [illegible] as [illegible] 000 [illegible] this means that today over [illegible] patients

[illegible] us are suffering from skin cancer. A word of advice given early may save many of these from death or great suffering, as well as preserve them from mutilating scars.

There are many forms of cancer of the skin, but three of them are common enough for us to know about. One of these, known as basal-cell epithelioma, is a condition but slightly malignant at first. Practically it never travels to another part of the body by the veins or lymphatics, but progresses locally through tissues [illegible], even through bone. Most commonly it is found on the face in persons beyond the fourth decade, being particularly frequent on the nose and about the eyes and the ears. Often the sufferer, having noticed for some time a thickened horny area of skin or a wart, suddenly becomes aware that this is increasing in extent or thickness. In other cases, a scale or scab is noted, which falls off revealing a minute raw area beneath. Over this a larger scab then forms; and each time this comes away the raw area is somewhat larger. Radium treatment is most successful when a patient is seen at this stage. If no treatment is given, and the growth is allowed to continue unchecked, a rodent ulcer forms and spreads to such an extent as finally to necessitate removal of an eye, a portion of the nose, or part of an ear. What might have been a simple problem thus becomes a difficult one, complete removal often requiring complicated plastic operations with considerable [illegible].

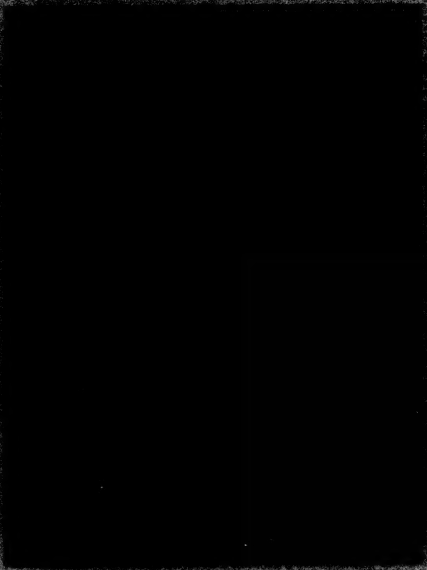
[illegible] as a lump, another type [illegible] squamous-cell epithelioma [illegible]. Such scars may [illegible] of all kinds, particularly [illegible] the use of X-rays in [illegible] from ulcerating skin diseases such as lupus vulgaris. The



Epithelioma in Front of Ear

first sign here also may be a scaling or scabbing, or a warty excrescence. But the type of cancer occurring here is much more serious, as it travels to the regional lymph-nodes early, and will kill by general extension unless early proper radical treatment is given. The basal-cell epithelioma (the first variety mentioned) begins and remains a local disease, causing death only if the local extension directly involves some vital organ, such as the brain and its coverings; but the squamous-cell epithelioma, also beginning as a local disease, may rapidly become a generalized disease, and involve vital organs at a distance. The neglected or improperly treated basal-cell epithelioma may also later show the changes of a squamous-cell epithelioma and spread over the body.

The third frequent type of cancer of the skin is far more insidious and more malignant. This is the melano-carcinoma, so named from the black



[illegible]

pigment produced in the cells composing it. A bluish black or dark brown mole or a hairy mole or a deeply colored wart may be present all one's life on any part of the body. Suddenly, at any age, there may be a change in size or in elevation above the skin or in color. Or there may be an appearance of such a lesion where one was never noted before. This is evidence that activity is going on and immediate thorough treatment should be given as the process is often one of rapid metastasis by both lymphatics and blood-vessels to vital parts. Operation on these moles or warts does not cause them to spread, as [illegible] supposed, unless the removal is done in such a way that the affected area is actually cut through. The sensible person will have any such dark colored lesions removed before there is any sign of growth or change, i. e. before there is any likelihood that a malignant change has begun.

There are many other lesions of the skin which are perfectly benign in themselves, but which if present over a period of years may be sufficient source of irritation to cause a cancerous change. Such a spot, while of no importance at the time, may later in life take on cancerous characteristics. For this reason the ordinary sebaceous cyst, or "wen," the xanthoma, or yellow spot, usually about the eyelids, warts, chronic ulceration, and many other similar lesions should receive proper treatment rather than be allowed to act as prolonged sources of irritation and danger.

All the points discussed above seem simple enough, and it might be thought that everyone could guard against the onset of these types of cancer or get proper advice soon after any suspicious appearance. But in a cancer clinic it is amazing to see how many such patients there are who have treated themselves over months or even years with tincture of iodine, carbolic acid, silver nitrate, and myriads of lotions, pastes, and salves. None of these remedies has ever cured a case of cancer. Many have acted as irritants and made the cancer progress more rapidly. These patients are sometimes self-advised, more often they are advised by well meaning friends, frequently by druggists, and all too commonly by conscientious doctors, who have not the experience to make them appreciate the wide variation of the cancer problem. The nurse practicing her profession in the home or in the hospital in social service work, and in industry, has an excellent opportunity to observe lesions of the skin she meets. If she knows the problem in detail, knows the danger signals and [illegible] support in the [illegible] against cancer.

The Progress of Student Government in Schools of Nursing[1]

STUDENT government in schools of nursing has passed beyond the experimental stage in many parts of this country, if we may judge from the replies to a letter sent out by the Journal in December, 1929. While objections to it are noted in some cases, on the other hand very definite and positive values are reported from the schools in which it is well established.

The letter which the *Journal* sent out went to fifty schools of nursing which were chosen because they represented all parts of this country, and because in each the students were at least eighteen years of age. There were as many schools whose students numbered less than 100 as there were schools whose students numbered more than 100. Replies were received from thirty-three schools.

Two general types of government were mentioned: One in which control is by the faculty entirely; the other in which students coöperate with faculty in the control of school life. This does not mean that students share in directing the policies of the school, but it does mean that they share in the management of those matters which have to do with their daily living in the home. Where a student body has been organized with this object in view and where it has assumed to take active part in the control of school life, it has been considered [illegible] as being a student government organization. "Student participation in government," or "student coöperative government" were the terms most frequently used as [illegible] organizations.

[illegible] schools reported varying [illegible] of student participation in the management of school life: twelve had active student government associations functioning successfully; four were trying to establish student government; five had a student council, house committee, or other student group which helped to plan social affairs and which represented the student body to the faculty when necessary.

Twelve schools reported that they did not have student participation in government: Two had tried it and had failed (unfortunate choice of leaders was given as the reason in one case, while no reason was given in the other); the directors of four schools would like to have student government but have not been able to work it out successfully; in two schools, organization of individual classes was encouraged; in three, student government had not been attempted because the students frankly did not want it; while in three others it was felt to be an impossibility because of the immaturity of the students, the pressure of work, and the fact that most of the students were of foreign parentage.

The replies to the *Journal* letter were so interesting and helpful that statements from them are quoted here:

Objections to Student Government

The students are too youthful and unaccustomed to organized effort.

Student government would be out of the question without educating the student body and the community.

We still have twice as many graduates as students and I feel it best not to urge the organization of what is usually called a student government association. Instead we are trying to put as much emphasis as possible on class organizations in order to stimulate within a small group experience and interest in group activity.

1 [illegible] in the *International Nursing* [illegible]

The fact that our students and staff live in three different houses and a number of private houses outside makes our problem difficult.

We do not have time because of so many other [illegible] school duties and there is no [illegible] than the [illegible] of one [illegible].

The students have not cared to assume this responsibility and it has not been urged upon them.

Values in Student Government

COMMENTS from schools having student government are also taken directly from letters:

I have come to believe that it is a very valuable [illegible] because the students learn to [illegible] and the [illegible] for life and for work in [illegible] and other [illegible]. I [illegible], and my faculty agree with me, that it has been a success. We are thinking of course of moving in the right direction, learning to take responsibility, developing initiative.

Student government is very beneficial to the students both individually and as a group. It gives them more self-reliance, more interest in their activities and in their home, and a feeling that they are a vital part of the institution.

From the standpoint of the morale of the school, of the development of the students, and the creation of a spirit of coöperation and harmony between faculty and students, student government has been a success in this institution.

It is an outlet, a place to air their difficulties, to learn whether new policies and grievances will stand the strain of open discussion. Many "unfair" judgments die in student government meetings. It is an impersonal routine for making requests for new and changed policies.

The demonstrated benefits of the organization are: a better spirit of coöperation, a bringing out of talents otherwise unused or hidden in individuals, a chance to learn values and to control business, an opportunity to influence for good in the school.

Students say:

The spirit of the whole school is better because of the individual's active part.

If rules are made by ourselves they are less arbitrary.

Student government gives us a chance to be judged by those of our own age.

Conditions Necessary for Student Government

IT can readily be understood that, since conditions in nursing schools differ somewhat from those in other schools, and since nurse students are dealing in the hospital with life and death, superintendents of nurses may hesitate to put into effect any system of government which would jeopardize the care of the patients. But those who have tried it successfully have not found in student government anything harmful to the patients' care, but have instead seen in it another opportunity for developing in the students self-direction, self-control, initiative, self-reliance, and the ability to share in group life,—qualities which should help to improve the care which the patient receives. And if students have not been helped to make a beginning toward these ends while in the nursing school what help will they receive when they have left its protecting walls?

How can student coöperation in government be brought about? What conditions are necessary for its success?

There must be time for student government. Certainly the schools in which one person is responsible not only for directing the nursing in the hospital, but for all the teaching in the school as well, and where students are depended on through working hours [illegible] might very well hesitate to undertake a broad program of student government. A period of preparation and training of students [illegible].

Student government must be thought of as part of education and

not merely as a device for improving discipline. Richard Welling says:

> Merely to catch the offender and hale him to court is not the primary aim of government, neither is it the principal business of pupil coöperation in school government. Its purpose is to give to a group of well ordered and wide-awake pupils the opportunity for the exercise of constructive ideas.[2]

Immaturity of students need not be a hindrance. In compiling the list of schools to which the *Journal* letter was sent only those were chosen in which the entrance requirement was not less than eighteen years. Furthermore it has been found in public schools that "pupil coöperation in school government can be successfully carried out in the sixth, seventh, and eighth years of the elementary school and throughout the high school."[3]

Students must want student government. They must be interested in what it is trying to do. But they must be educated to the point where they are interested. Lack of desire or indifference toward it is one reason why it is not in operation in some schools. But recognizing its values the directors in other schools of nursing have spent years in creating desirable attitudes toward it on the part of their students. One of them writes:

> Student government started in this school in 19[illegible]. Personally I had believed in the principles underlying it for a number of years and from 1916 to 1918 had been working steadily to understand the principle of this form of government. During that time each class had formed its own class organization and the classes were working very happily [illegible]

> While the students were working in this way with the student body, I was working in the same manner with the graduate staff, for I realized that for student government to be successful it must be accepted in principle by the graduate as well as the undergraduate nurses.

> In the fall of 1918 the students from the Vassar training camp entered our school. Most of these students had been having student government in their colleges. I again took up the matter that Fall and they were for it. The students by that time were almost ready to accept the plan and with the additional urging from the new students the matter was finally settled and we introduced student government in January, 1920. Since that time the continuance of it has been discussed every two years but at all times it has been a unanimous vote to have it continued.

Another writes:

> When I came here in —— I was most enthusiastic about student government and when the subject was brought up the students seemed to think it a good idea, although at the same time they made many remarks as to what they would do to their superiors when they had the law in their hands, and the attitude toward the movement was not a healthy one. My enthusiasm therefore disappeared.

> It was quite evident that much preparation and character building would be necessary before attempting such a step forward; therefore the first step that had to be taken was to raise our standards from one year to four years high school and to get across to them the idea that they were doing a great deal for humanity and it was going to be the policy of the school to assist them to be happy in their chosen work in every way.

> It was at that time that we began our social program which today comprises glee club, dramatic club, basket ball team, Girl Scout troop, and swimming club and since then has resulted in having the clubs all under one large association. The gradual development of many of the students into splendid leaders has been gratifying and we are on the upward path to student government.

Difficulties in Student Government

STUDENT government is not without its problems even in schools where it is well established. As the director of one school said, "Student government means far more work

[illegible] New York City.

for the superintendent of nurses than faculty government because it means guiding and directing and keeping in advance of the students."

One difficulty is that at times students tend to assume responsibility in cases where they are not expected to. When this happens adjustment has to be made through the faculty advisors. Another problem arises from the fact that senior students are often away for affiliations and officers must change frequently or must be chosen from the younger students. Occasionally difficulties come up because of ineffective officers. Guidance in the choice of officers, or rather, interpreting to the students those qualities which enter into leadership again must come from faculty advisors. Students sometimes fail to accept responsibility. In one school where the proctors took their duties rather too lightly, monthly meetings were arranged which included out-going and in-coming proctors, house president and student government president. As they were made in these meetings to feel their importance the proctors came to take greater responsibility for their floors.

A student tells how lack of interest was combatted in her school:

> [illegible]

Activities of Student Government Organizations

THIS leads to another point. Lack of interest may also be due to a narrow aim on the part of the organization. After all in any community only a relatively small group needs policing. Limiting the aims of the organization to keeping order within the school and laying down rules for conduct outside it must leave a large group of students untouched. Schools in which student government has been most successful have provided for committees to carry on a broad program of activities. These activities are as varied as this: responsibility for social affairs; "Big Sisters" (older students who make themselves individually responsible for preliminary students); yearbook and school publications; athletics; library, literary club, glee club, and orchestra; flowers in the nurses' residence; scholarship fund. And these are in addition to the proctoring of the residence, taking the responsibility for late leaves, and the more usual affairs of student government.

Establishing Student Government

IF student government is very generally desired in a school by the students who have been brought to know what it means, how shall it be started? In a recent state meeting, Florence Ambler suggested that reference books on Parliamentary Law be provided and an instructor for a series of lessons be secured; that attention be called to the choice of leaders and the qualities that go with leadership; that a committee of students with faculty assistance write the constitution and by-laws and present them to the student body for adoption or amendment. She also said:

> [illegible]

as far as possible. See that they have a sponsor to guard and guide activities but not to dictate. Don't attend meetings when you are not wanted.[4]

The Constitution and By-Laws

THE constitution and by-laws of the schools studied included one or all of these provisions:

Name.

Purpose: Improvement in morale and encouragement of a high standard of social life; promotion of activities and interests; unity among students; regulation of personal conduct; coöperation between faculty and student body; responsibility for our own actions; encouragement of high standards of scholarship.

Source of Power: Director of the school, since she is responsible for the control and promotion of the activities and interests of the student body, but all powers set forth are delegated by her to the students and are exercised subject to her approval. She reserves, with the Council, the privilege of removing officers from office when in her judgment the welfare of the school is in question.

Membership: Students become members by virtue of being registered in the school. Preliminary students are admitted when they are accepted into the school. Affiliating students are usually associate members.

Powers: Executive, legislative, judicial.

1. Executive power is vested in the council which consists of —— representatives from each class. President, vice-president, second vice-president, and secretary-treasurer are elected from this group. An Advisory Council is composed of the principal of the school, one supervisor, one member of the teaching staff, one member of the school committee.

2. Legislative power is vested in the Student Council subject to advice from the Advisory Council.

3. Judiciary powers are vested in the Student Council subject to advice from the Advisory Council.

Amendments: Made at any regular meeting, occasionally at certain specified meetings, by two-thirds vote of the members present.

Nominations and Elections: Nominations were made through committees. Elections were by secret ballot.

Meetings: Held monthly, bimonthly, or provision was made for special meetings.

The by-laws provide for standing committees and their duties, social, athletic, orchestra, etc.; house regulations, proctor system, duties of officers, and finance.

Conclusions

JUDGING from the replies to the *Journal* letter there is a definite movement toward student government in schools of nursing in many parts of this country. That however does not relieve the faculty of their responsibilities, since in all cases "student government" means coöperative government, and guidance and help from the faculty is needed if the organization is to be successful and the students benefitted.

In schools where it is functioning successfully much time has been spent by the faculty in building up right attitudes and favorable conditions in the school. These schools have found that the best results have come when it has been thought of, not as a disciplinary device, but as an instrument for teaching the student to direct her own activities so that for her discipline will come from within her own self.

[4] [illegible] from an address on "Student Participation in Government" given by Florence Ambler, R.N., at the [illegible] meeting of the Pennsylvania State Nurses' Association.

[illegible]

"Staying Put"

MARION D. KIRKCALDY, R.N.

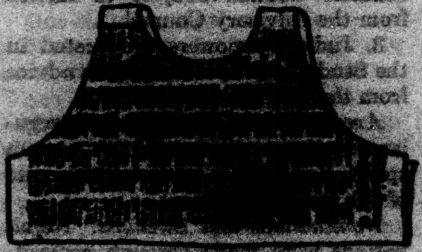


FIGURE I

TO do a surgical dressing is one thing, but to have it stay put for twenty-four hours is quite another story—and this is one of the problems which confounds the visiting nurse.

These very simple diagrams have helped to solve the point in question.

FIGURE III

Figure I is the pattern of the chest bandage and is easily made. Take a double sheet of newspaper and fold in two, breadthwise. Cut a piece out of the center large enough to allow the bandage to slip over the head. Slope sides to fit the chest of the patient. The side edges and neck are bound with white tape half an inch

FIGURE IV

FIGURE II

wide. Front and back ends are hemmed and tapes sewn on at each end. The front tapes should be long enough to tie at the back and the back tapes long enough to tie in front.

Figure II shows how this bandage is used for an empyema dressing. The front part of the bandage remains tied at the back, while the back part is loosened to permit the dressing to be changed. Figure III is the bandage fully adjusted after the dressing is complete. The fact that this is a one-piece bandage, shoulder straps and all, assures a comfortable as well

Figure V

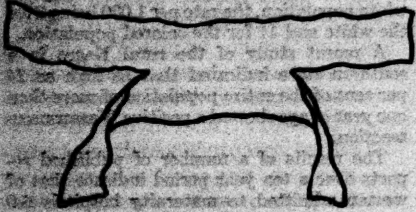


Figure VI

as a snug dressing. It also allows considerable freedom of movement without the danger of the dressing becoming misplaced.

Figure IV shows the same bandage but in a larger size and used for a breast dressing. In this instance the situation is reversed. The back part remains tied in front while the front part is loosened. Figure V shows a patient after the care has been given. This bandage has been used successfully for patients who have cancer of the breast.

Figure VI is a head bandage and is made of gauze used double or of soft white muslin. The upper end of the [illegible] should come to just below the lower part of the other ear. Figure VII shows how the front ends are brought round and tied at the back of the neck. In Figure VIII the bandage is completely adjusted. The back ends are brought to the front and tied securely under the chin or at the side of the neck. This bandage may be used for a mastoid or any other type of head dressing. It is particularly useful for children who are both ambulant and active.

Figure VII

Figure VIII

These bandages are not only simple to make, but also easy to apply. No pins are required and the cost is almost negligible. Last, but not the least, they do have the virtue of "staying put."

Care of Patients

WE have continued to supplement our student staff with general duty nurses, and at the close of the year had in our staff twelve general duty nurses. While we have approximately the same number of student nurses and [illegible] the same number of patients, the [illegible] of the new wing has called for [illegible] nurses, [illegible] the night [illegible] and [illegible]. With [illegible] of the [illegible] we have been able to [illegible] our [illegible] to the [illegible].—From the Annual Report of the Madison General Hospital and School of Nursing, Madison, Wis., for the year 1929.

Venereal Disease

IT is estimated that there are [illegible] cases of syphilis and [illegible] cases of gonorrhea constantly under medical care in the United States. The case rates on which these estimates are based are for gonorrhea [illegible] for males and 1.7[illegible] for females. These case rates for syphilis are [illegible] for males and [illegible] for females.

The results of the total prevalence surveys indicate that approximately [illegible] per cent of the total cases of venereal disease under treatment are [illegible] persons, [illegible] of the [illegible] cases [illegible] at public expense in clinics, hospitals, or other institutions. The peak age group for the cases of both gonorrhea and syphilis has been determined as [illegible] to [illegible] years.

A greater prevalence of venereal disease exists among the Negroes than among the white population, the rate per 1,000 being [illegible] for the white and 11 for the colored population.

A recent study of the rural Negro in a [illegible] indicated that as high as 24 per cent of the entire population of more than one year of age showed a positive Wassermann reaction.

The results of a number of published reports over a [illegible] year period indicate that of [illegible] admitted to [illegible] hospitals 6.9 per cent had a positive Wassermann reaction.

General paralysis [illegible] per cent of the [illegible] of [illegible] institutions.

The [illegible] for gonorrhea and syphilis as determined by a study of the new cases admitted to treatment during a [illegible] month period in a city of the United States with a population of 2,000,000 inhabitants is represented by [illegible] for syphilis and [illegible] for gonorrhea.

Syphilis stands first or second among the most frequently reported infections to the Public Health Service from the several state health departments. [illegible] about [illegible].

Among the general male population between the ages of [illegible] and [illegible] it is estimated that [illegible] [illegible]—[illegible] Journal of Social Hygiene, [illegible] 1930.

Impressions on Epilepsy

EDWARD M. BRIDGE, M.D.

IT seems unfortunate that certain diseases should be looked upon by the laity as loathsome, tragic, and absolutely hopeless. The dread which is associated with the term cancer is felt by everyone; and yet Bright's disease, another common and chronic affection, which is responsible for as many deaths in adults as cancer, carries in its name no such feeling. Rheumatic heart disease in children is a frequently met disorder, very devastating to both health and life, and yet the average person looks upon it almost without emotion, except possibly pity. Epilepsy, on the contrary, a much less common condition, producing not so much invalidism as does heart disease and only a small proportion of deaths as compared to the latter, arouses a feeling of aversion, almost of horror. The analysis of the influences that have led to the development of different emotional reactions toward certain diseases would form an interesting study. A few words relative to epilepsy may help to dispel some of the false impressions which are usually associated with it.

In a recent number of this *Journal* [1] an article appeared, discussing very vividly and adequately the mental [illegible] of certain epileptic patients. To one acquainted with the many social and medical aspects of epilepsy the article was indeed interesting and [illegible], but because of rather [illegible] is seemed very [illegible] the impression that the [illegible] epileptics as a whole [illegible] with the small group of [illegible] patients which [illegible] the writer intended to con[illegible] it is hoped that no offense will be taken, if a somewhat different viewpoint is presented.

Of the many influences that have played on the popular mind in developing a peculiar emotional reaction toward epilepsy a few are selected as topics for consideration here. Certain types of epilepsy are characterized by fits (or convulsions) and few adults have escaped seeing them and hearing them discussed. These fits give rise to the feeling of fear, and fear is always a powerful influence in molding popular opinion concerning disease. The institutions which are supported by the different states for the care of epileptics are designed for those in the most severe stages of the disease. They are in large part, therefore, custodial institutions and through the necessity for their existence confer a stigma on epilepsy, as leper colonies have done for leprosy. Again, many of those statistical studies on epilepsy which indicate an hereditary background have served to bring normal individuals connected to the epileptic by blood ties under the ban of the disease. And, lastly, treatment of epilepsy even among physicians has been regarded with an almost complete pessimism. Although these are only a few of the influences or factors which form the basis for the popular conception of epilepsy, they have been chosen as the groundwork for the following discussion. It has seemed worth while to point out a few of the falsities which have grown up around the popular conception of the disease over many generations.

Danger of Over-Emphasis

TO most persons the word "epilepsy" instantly brings to mind a picture similar to that painted by

1 [illegible] "The Epileptic Psychosis," by [illegible], M.D.

Dostoievsky, himself an epileptic, in his book, *The Idiot:*[3]

> It is well known that epileptic fits come on quite suddenly. At the moment the face is horribly distorted, especially the eyes. The whole body and the features of the face work with convulsive jerks and contortions. A terrible, indescribable scream that is unlike anything else breaks from the sufferer. In that scream everything human seems obliterated and it is impossible, or very difficult, for an observer to realize and admit that it is the man himself screaming. It seems indeed as though it were someone else screaming from within the man. That is how many people at least have described their impression. The sight of a man in an epileptic fit fills many people with a positive and unbearable horror, in which there is a certain element of the uncanny. . . .
>
> Struggling in violent convulsions, the sick man slipped down the steps, of which there were about fifteen, to the bottom of the staircase. Very soon, not more than five minutes later, he was noticed and a crowd collected. A pool of blood by his head raised the doubt whether the sick man had hurt himself, or whether there had been some crime.

Indeed, it is almost impossible for people to believe that many epileptics never have such fits at all, and that many others, who do have them, are troubled so infrequently that they live practically normal lives.

The convulsion or fit is just one manifestation of the disease. Quite frequently it shows itself simply by momentary flashes of unconsciousness with possibly rolling up of the eyes, so brief that the attack does not cause even hesitation if the person is walking, or hardly interrupts a train of thought. It is the epileptic who has the convulsion in public who creates the impression, but the number of epileptics who have seizures very rarely is not appreciated. It is difficult to realize that certain people live apparently normal lives or hold responsible positions, and are never suspected of having the disease; yet if the truth were known, they would be found to have an occasional epileptic convulsion. As mentioned above, Dostoievsky, one of the great Russian writers, was an epileptic all his life.

It is certainly true that, to one not acquainted with the nature of the disease, the sudden, absolutely unforeseen onset of a severe convulsion with unconsciousness, the stupor and dullness following it, have an element of the mysterious and supernatural which is hard to deny. In ancient times, as references to the Bible will show, such people were thought to be in league with evil spirits, possessed with a demon, almost supernatural themselves. A part of this idea still lurks in the back of our minds whenever we see such a sight in public; it has been passed down to us from generation to generation. The unknown is always mysterious. Only by enlightenment can superstition be overcome, and this applies to the mystery surrounding this disease as much as it did to the belief of our forefathers that certain so-called witches could cast spells over people.

Institutional versus Non-institutional Patients

THE impression one gets of epilepsy as a disease from observing the inmates of a state institution is indeed depressing. Such patients are there because the disease is so severe, or the mind so affected, that they cannot be cared for at home. The worst and most hopeless cases naturally gravitate to such institutions so that only the end results can be studied there. When a patient is sent to a state institution for tuberculosis it is with the expectation that care can be given which could not be secured at home, and the hope for recovery is greater; with epilepsy, on the contrary, the attitude is entirely different, for, at

[3] *The Idiot*, Chapter V, page [illegible].

present both the family and the state view commitment as if over the door of the institution were inscribed the famous motto, "All hope abandon ye who enter here."

But to consider the problem as a whole, how warped must be the impression one gets in the state institutional For every epileptic in a state institution there must be many whose condition is so mild that they can be cared for at home. And instead of being diseased both mentally and physically, many members of this non-institutional group will be found to be intelligent and capable of living normally. From the single viewpoint of mentality, statistics are now available to show how different these two groups are, and how misleading are the figures obtained only from the institutional group which have always been referred to in the past. The Association for Research in Nervous and Mental Diseases has been collecting data from hospitals and private patients bearing on this as well as on other points. Dr. William Lennox at a recent meeting of the Association presented figures comparing the findings at the Craig Colony for Epileptics with those obtained from approximately 850 non-institutional cases. Taken as a whole, the former showed only about 15 per cent whose mentality was considered normal, whereas the latter group averaged 67 per cent normal. As the duration of the disease increased in the non-institutional group, the incidence of mental deficiency increased, but even after more than fifteen years had elapsed over 50 per cent were still considered intellectually sound, and less than 20 per cent were severely deteriorated. It is obvious from this that the usual idea of the epileptic patient as a mental defective or, if not one at present, sure to become one, is not correct, and has been based on statistics which do not represent the disease in its true perspective.

A Hopeful View

IN fairly recent years certain groups of medical men have written at great length of the so-called epileptic personality, the cardinal signs of which are described as "egocentricity, extreme supersensitiveness, emotional poverty, rigidity of ideation and mentation." Under such headings are used the more easily understandable terms such as high-strung, nervous, neurotic, restless, pugnacious, self-centered, etc. These men have insisted that this type of personality is inherent in every epileptic, can be found years before the seizures begin, and in fact can be traced back through generations in the family. It is stated with much assurance that 25–68 per cent, depending on the experience of the writer, of all cases have a neuropathic ancestry. The impression is thus given that every family in which there is a case of epilepsy is tainted, and that no one can foretell who will next develop the condition, or how many of the future children will be affected. This is certainly a depressing thought. But is it really true? Personally I believe such an attitude is absolutely unjustifiable. Let us consider a little more in detail the evidence on which these statements are based.

As modern experimental methods are being applied with more and more freedom to the study of human psychology, it becomes increasingly clear that much in our emotional reactions, in our character peculiarities, in fact much in our whole personality, is dependent not so much on hereditary background as upon training in early childhood and upon past experiences; that they do not represent inevitable results, but are subject to wide

development and change especially during the years of growth. For example, the difficulties in obedience encountered very frequently in epileptic children may be [illegible] for as a result of spoiling and pampering because of the [illegible] rather than as the direct expression of an hereditary neuropathic tendency. The subject is far too vast to discuss here, but the conclusion which seems justified is that many of the qualities described as inevitable in the epileptic personality can be explained easily from the behavioral viewpoint without recourse to heredity. The result is that much of the older attitude toward the disease has to be discarded as a [illegible] and [illegible] as perhaps a result, perhaps coincident with the presence of seizures. This does not in any way mean that personality factors may not be an important phase of the condition, for undoubtedly they are; but it does withdraw much of the support for the theory that the condition is an hereditary and an inevitable disease, and thus makes the outlook definitely more [illegible].

But hereditary statistics are not based only on personality studies. The following list was compiled from several leading articles on epilepsy, and represents the conditions which, when found in the family history, were considered as positive evidence of an hereditary background [illegible]

[illegible]

Critical statistics on the incidence of an epileptic heredity in epilepsy are not available, but from several sources has come information suggesting that 10 per cent may be a generous figure. When from this is deducted a small per cent for coincidence, which is bound to occur in any disease, the importance of heredity can easily be seen.

Conclusion

AND finally, the end results of the disease need renewed consideration. The description in the article referred to gives a good picture of one result. Fortunately this result is not the rule, but holds only for a certain proportion, how large cannot be said. Not infrequently, it is claimed by some that it is as high as 15 per cent, recovery takes place spontaneously so that no evidence of the condition remains. Others have seizures so rarely that they interfere hardly at all with their daily lives. Carefully controlled drug therapy often brings about such improvement as to lessen greatly the handicap of the disease, and sometimes to produce apparent cure. In children special diets have brought about improvement where all other measures have failed and for periods as long as several years for all [illegible]

[illegible]

developing so rapidly, that certainly no case should be considered absolutely hopeless until everything has been tried. Research into the disease has never been more hopeful than at present.

The problem which confronts the person with epilepsy and his family is often a difficult one at best; but many of the popular impressions of the disease, unfounded as they often are as a scientific understanding of the condition, make the problem unnecessarily painful. It has been the aim of the foregoing discussion to present a few of the facts in what is believed to be their true perspective, for in this light the disease loses much of the attitude of pessimism which surrounds it. It is to be hoped that as time goes on and the disease becomes better understood, it will lose the stigmas which now make people shrink from the thought of it, and will be viewed with no more emotion than any other affliction of mankind.

The Ultimate Problem in Ethics

A Brief Review of the Somera Case[1]

ELIZABETH M. GRENNAN R.N.

ON May 28, 1928, a young girl, thirteen years of age, died in the operating room of St. Paul's Hospital, Manila. Dr. Gregorio Favis, Dr. Armando Bartolome and Lorenza Somera, a nurse, were charged with "homicide through reckless imprudence," as a result. The autopsy showed cocaine poisoning and the condition known as status lymphaticus. (It is known that any very slight trauma may produce death in those having this condition.)

In the case of Miss Somera, which [illegible] apparently, it was testified [illegible] Favis ordered 10 per cent [illegible] of adrenalin [illegible] of the [illegible] Miss Somera had [illegible] the [illegible] injected the [illegible] had not [illegible] what it [illegible] after the [illegible]. Two doctors and two nurses testified that cocaine is used for injection and that the nurse is bound to obey the order of the doctor for drugs after she has verified it.

On this evidence, the two doctors were acquitted and Miss Somera sentenced (on May 7, 1929) "to suffer one year and one day imprisonment and to indemnify the heirs of the deceased . . . in the sum of one thousand pesos with subsidiary imprisonment in case of insolvency." The case was appealed to the Supreme Court which handed down a decision on December 20, 1929, sustaining the decision of the Lower Court.

The Legislative Committee of the Educational Section of the Filipino Nurses' Association had taken an active interest in the case from the beginning. It was also presented to the International Council of Nurses which appointed a committee to study the case and coöperate. Through the coöperation of these groups with Attorney Courtney Whitney, legal

[1] [illegible] Committee of the [illegible] Association.

counsel for the case, Miss Somera was pardoned on January 31, 1930, without having served any of her sentence. The facts of the case, together with a petition signed by most of the women's clubs in Manila as well as hundreds of nurses and doctors, were presented to the Governor-General through his legal advisor and medical advisors and also to the Pardon Board.

The following, copied from the *Manila Tribune*, states the matter very well:

Judge Diaz, of the court of first instance, Friday morning ordered the release of Miss Lorenza Somera, a nurse in a local private hospital, who was conditionally pardoned by the Governor-General Friday in a case for homicide. The judge also ordered the cancellation of Miss Somera's bond.

Judge Diaz summoned Miss Somera to appear in court Friday morning to hear the judgment of the Supreme Court in her case. The nurse appeared, but before the judge could read the Supreme Court decision, Attorney [illegible], counsel for the defendant, advised the court that Miss Somera had been granted a conditional pardon by the Governor-General.

The defense counsel inserted the following statement in the court record:

Upon the confirmation of the sentence of this court by the Supreme Court, on behalf of Lorenza Somera I sought from the Governor-General a full, unconditional pardon. [illegible]

[illegible]

Although [illegible] the full and unconditional pardon from the Governor-General which she had through her counsel sought, Lorenza Somera has formally accepted the conditional pardon His Excellency has extended.

"I therefore hand the court a signed copy of the conditional pardon of the Chief Executive and a signed copy of Lorenza Somera's acceptance thereof, and move the Court to order the release of the young nurse convicted, and the cancellation of her bond.

All nurses should be happy at Miss Somera's release, but what interests us now is, "How are nurses going to meet this burden which the Supreme Court has laid upon the whole profession?" The whole matter will be taken up in detail at the Fourth Biennial Convention of the Filipino Nurses' Association and remedies discussed. It is of the utmost importance to every nurse.

Relations of Hospitals to Training Schools

WHETHER now or at some later date the necessity for divorcing hospitals from training schools is inevitable. The effort to place trained nurses on a plane with the professions is [illegible]. The increased educational requirements for admission and the constantly [illegible] curriculum require [illegible] with hospital [illegible] they must be [illegible] entirely [illegible] to the [illegible] school.

[illegible]

Journal.

Brooklyn Nurses to Have Club

THE Nurses' Club of Brooklyn, N. Y., a residential club which will be primarily for nurses but open to compatible groups, is expected soon to become a reality.

George Hewlett, who is secretary and a trustee of the Brooklyn Hospital and president of the Hamilton Club, has consented to become president of the club, and other prominent laymen and women are serving as members of the executive committee. Walter E. Kraed, who was identified with the successful planning of the Bridge-Johnson Hotel and the Brooklyn Garden Apartments, is executive director.

Registered nurses, representing the 1,800 nurses of the Nurses' Association of the Counties of Long Island, serving as officers and directors of the club, include Mrs. Ethel G. Prince, vice president; Mable W. Phelps, assistant treasurer; Elizabeth P. Kerr, assistant secretary; and Emily Fascher.

The history of the movement for a nurses' club in Brooklyn goes back several years. The late Alexander M. White actively sponsored the building of such a club. Encouraged by his interest, the Nurses' Club was formed by the Nurses' Association of the Counties of Long Island several years ago, and the site purchased at Greene and Washington Avenues. The nurses, because of their lack of knowledge of business methods, found the burden too heavy for them to carry [illegible] alone. After Mr. White's [illegible] forced him to retire, they [illegible] a group of representative [illegible]. At the request of [illegible] Mr. Kraed drew up new [illegible] financing and construction [illegible]. Mr. Kraed, [illegible]:

[illegible] will not be philanthropy, but a [illegible] business. For its accomplishment the nurses of all our hospitals are united, determined and confident. Brooklyn residents who subscribe for preferred stock may expect a safe return on their investment.

The capital required will be $650,000, of which one-half will be obtained on mortgage and the other by sale of six per cent redeemable preferred shares at $100 each, accompanied by a share of common stock at $1. Owners of the latter can have no dividend until the preferred stock is retired, but will vote and ultimately will own the property. The preferred stock is recallable by the Club at par in installments of ten or more per cent.

According to the designs which are being drawn up by Bowden & Russell, the architects, the club will be a seven-story fireproof building, in colonial style, and will provide from 330 to 340 rooms.

The building will set back from a pleasant green on Washington Avenue, where the main entrance will be. On one side of the foyer will be dining rooms and on the other the lounge, offices, and private parlors. At the rear, facing on Greene Avenue, will be drug, lingerie, and beauty shops. In the basement, which is provided with daylight by differences of the street grades and by areas, will be a physical recreation room, auditorium, library, and the quarters of the Nurses' Official Registry, the kitchen, storage, and boiler rooms. The upper floors are typical residence floors, with rooms of several sizes, each having a large window, electricity, closet, single bed, table, desk-bureau-bookcase, an easy and a desk chair, rug, curtains and telephone. About two-thirds will have running water and one-fifth their own bath. On each floor will be a laundryette and kitchenette. The roof garden will have a promenade, solarium, and pantry.

Rents will be kept as low as is consistent with good housekeeping, reserves, and payment of six per cent on the capital. The house, according to the plans adopted, must compete

fairly with commercial competition and be kept full at all times, not by appeal to group loyalty but by charging low for given accommodations. It is calculated that 70 rooms will be let at $[illegible] a week, [illegible] at $7, [illegible] at $[illegible], [illegible] at $[illegible], [illegible] at $11, and [illegible] at $12.[illegible]. These rates will average $7.[illegible].

"The club members pay $[illegible] a year dues which includes the services of the Official Registry of the Nurses' Association of the [illegible] District No. 14. Provision for offices for the Official Registry in the same building with the residential club for nurses not only will be an advantage to the nurses but to the hospitals and residents of Brooklyn, since it will be easier at all times to get in touch with nurses for immediate calls."

In discussing the feasibility of the project, Mrs. [illegible] pointed out that two successful women's club houses are operated in [illegible], both have waiting lists and both pay returns on the capital. Analysis of the income and expenses of many similar houses, such as the Junior League and the International, show that they can be operated on a business basis if planned simply and operated steadfastly to the purpose.

A Dramatic Club Production

([illegible])

S[illegible]

[illegible]

sale." A second performance, before the [illegible] the alumnae and [illegible] who [illegible].

The [illegible] the direction of [illegible] Department of [illegible] an expression [illegible] to the [illegible] many of the [illegible] and [illegible] music, [illegible] members [illegible] and [illegible] were loaned by St. [illegible] Hospital.

Plans for two one-act plays in 1931 are already under way.

Fractional Nursing Service

THE patients of the Visiting Nurse Association have increased for [illegible] rapidly in the past five years than has the population, yet they represent only [illegible] per cent of the [illegible],000 who are ill each day in [illegible] Detroit. The hospitals care for [illegible] which leaves [illegible] to be cared for at home. [illegible] per cent of the graduate nurses in the city are taking care of the patients who are in the hospitals, and while we do not know the number of [illegible] nurses caring for the sick in their homes, we do know that there are proportionately few [illegible] beside the 120 visiting nurses, caring for people in their homes. [illegible] and [illegible] years, [illegible] with [illegible]

[illegible]

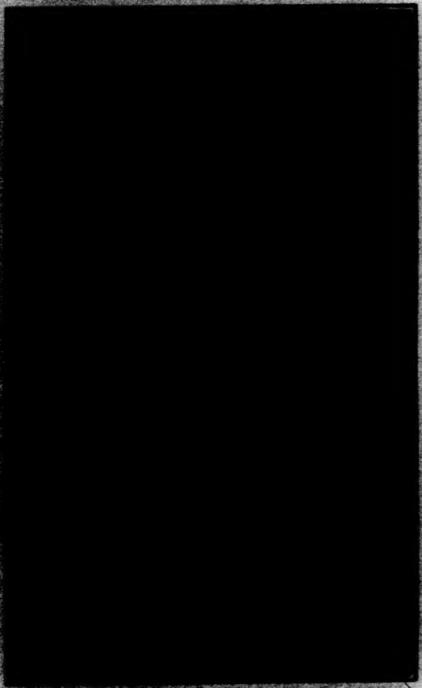
[illegible]rganization at the Vanderbilt University School of Nursing

[illegible]DERBILT UNIVERSITY, [illegible] is one of the oldest and [illegible] known educational institu[illegible] South, owes its foundation [illegible] of Cornelius Van[illegible] New York, who on March [illegible] made a donation of $500,000 [illegible] purpose of establishing a uni[illegible]. This donation was sub[illegible] increased to $1,000,000. [illegible] donations have been from [illegible] made by the descendants [illegible] H. Vanderbilt, so that the [illegible] of the Vanderbilt family [illegible] reached a sum of some three [illegible].

[illegible] for the general endow[illegible] the university have been [illegible] and friends.

[illegible] University first granted [illegible] of Doctor of Medicine in [illegible]. From its incipiency, the Medi[illegible] School has had a sound and steady [illegible] and has won a name for itself [illegible] fine standards and academic [illegible]. In May, 1913, Andrew Car[illegible] interested by the service the [illegible] School was rendering the [illegible], contributed $200,000 to [illegible] to be used for the erec[illegible] equipment of a laboratory [illegible] School and later gave [illegible] as an endowment of the [illegible].

[illegible] of the past record of the [illegible] of the favorable location of [illegible] educational and medi[illegible] Vanderbilt University was [illegible] the General Education [illegible] as affording an ex[illegible] for the develop[illegible] especially [illegible]. Accordingly, [illegible] the [illegible] the Uni[illegible] complete reorgani-



[illegible] C. Titus, R.N.

zation of its School of Medicine in accordance with the most exacting demands of modern medical education. Some two years later, $3,000,000 was given by the Carnegie Corporation and the General Education Board as an additional endowment for the School of Medicine for its operation in the new plant.

When the new plant was nearing completion, the University became the recipient of a generous appropriation from the Rockefeller Foundation, to be used over a given period of years for the purpose of furthering the development of nursing education. With the funds thus made available

[illegible] time in relation to developing the School of Nursing was the decision of the University to offer, in addition to the twenty-eight months' (basic) curriculum in nursing a combined curriculum in letters and nursing.

Pleased with the satisfactory progress of the School of Nursing made possible through this generous gift, and convinced that the Nursing School was definitely meeting a need in that section of the country, the Board of Trust of the University in February, 1930, decided to put into immediate effect further plans for expansion. It was voted that there should be a gradual reorganization of the Nursing School, that this new organization should consist of the creation of an independent School of Nursing of university rank which should have its own dean, faculty and budget, and that the quality and size of its faculty should be such that the School might offer a variety of graduate programs of study, as well as the two curricula in undergraduate nursing which it was then offering. At this same meeting, Shirley C. Titus, Director of Nursing, University of Michigan Hospital, was appointed Dean of the School of Nursing and Professor of Nursing Education, to assume her new duties on July 1 of this year.

Miss Titus, who is a graduate of St. Luke's School of Nursing, San [illegible]

[illegible] of nursing, she has been a [illegible] of the staff of the Children's [illegible] United States Department of [illegible] was assigned to duty in [illegible] states. Miss Titus has [illegible] very active worker in both state [illegible] national nursing organizations [illegible] President of the Michigan [illegible] Nurses' Association and Vice [illegible] of the National League of [illegible] Education.

[illegible] plan relative to the [illegible] of Nursing is to offer [illegible] programs of study in ad[illegible], in supervision, and in [illegible] in schools of nursing; in[illegible] to public health nursing; [illegible] in school nursing; ad[illegible] and organization in pub[illegible] nursing. Certificates or [illegible] will be granted to those com[illegible] various programs.

[illegible] undergraduate, basic course [illegible] is to be changed from a twenty-eight months' to a thirty-six months' program. Public health will be emphasized in the undergraduate curricula. The School will offer its first graduate programs of study with the opening of the coming school year, September, 1930.

Much credit should be given to Dr. W. S. Leathers, Professor of Preventive Medicine and Dean of the School of Medicine, Vanderbilt University, for the establishment of this splendid nursing center in the southern states. Dean Leathers' keen understanding of the problems of community health, and of the rôle the nurse plays in the solving of these problems, has done much to stimulate and promote the creation of the new School of Nursing which will take its place so shortly with other colleges and schools of Vanderbilt University. The nursing profession is deeply grateful to the Rockefeller Foundation and the Board of Trust of Vanderbilt University for their generosity and vision.

The Nurse and the Public

VI—The Nurse Explains Nursing

VIRGINIA McCORMICK

IT is less than thirty-five years since delegates from twelve alum[illegible] in the eastern [illegible] to organize the national [illegible] of nurses in the United [illegible] this brief span of time, [illegible] length and [illegible] until today there [illegible] graduate nurses in the [illegible] the American Nurses' [illegible] involved in this rapid [illegible] far greater than a [illegible]. A testimony to the work of the nurses through the years is evidenced in the fact that in every state there are nurse practice laws, in the fact that slowly but steadily the standard curriculum is being expanded as nursing education develops, in the fact that nursing has reached out to bring its services to the unreached groups, to the poor of the community, to residents of rural districts, to factory workers, and now to the great mass of middle-conditioned persons who cannot afford readily nursing service as at present distributed.

What the Patient Needs

ALL through these years there has been one thought uppermost in nursing, one objective which will be ever the motivating power behind each development in the profession; namely, to give to the patient the nursing service that the patient needs.

But today nursing finds itself faced with a new challenge. As nursing has moved forward toward professional status, as it has developed into a highly skilled and scientific career for women, it has outgrown the popular conception of nursing as merely a compassionate occupation. In other words, nursing has advanced by leaps and bounds, but the public's picture of nursing has remained static.

What the Patient Needs to Know

To its primary obligation of [illegible] that endeavor to meet the patient's needs, therefore, there now is added the responsibility of telling the public, or the potential patient, what the patient needs to know about nursing. We cannot avoid our responsibility for informing the public since nursing exists only *for* the public. And the consumer of nursing, the public, has the right to be informed concerning nursing because the public is the purchaser of nursing service; because the public supports nursing education; and because from the public comes the supply of nurses.

If, then, you as a nurse are responsible for telling the public about nursing, how are you going to reach the public? The answer is found in all the media for public information which are being used throughout the country today: newspapers, magazines, radio, pamphlets, leaflets, lectures, and a few dozen other means of disseminating information.

Nor is there any doubt that nursing can take its place with other news of the day, because nursing is news. It contains the three essential characteristics of news. It is replete with human interest. There are frequent occurrences in nursing of real interest to the public because they affect the public. And news of the nursing profession is of value because nursing exists for public service.

The Challenge to the Nurse

THIS brings us, then, to the obligation of the individual nurse in regard to public information. You have accepted gladly your other professional duties. You would like to help in telling the public about nursing if that is the next thing to be done. But what can you do to discharge it?

If you have been following this series on the relation between the nurse and publicity you will have noted that we have stressed constantly the need for placing the responsibility for issuing information to the public on *that nurse leader in the community or in the state who is directly concerned with the subject.* The centralizing of the public information service to the community in a publicity committee, or in one individual definitely assigned to the work, is vitally necessary if a coherent and unified publicity program is to be undertaken.

Centering Responsibility

IT is impossible for the individual nurse not directly in touch with the many facets of nursing to issue information to the public without the danger of duplication of effort, of [illegible]. It is only the [illegible] or [illegible] to the purpose [illegible] information [illegible] nursing [illegible] of nurses in the [illegible] because

appointed by her, is logically the interpreter of the work of the school of nursing to those who support that school in the community. It unquestionably is the responsibility of a leader in the state group to explain the work of the state organization of nurses in its efforts to raise the standard of nursing in that state and to bring nursing care to those who up to that time have not found nursing services available for their needs.

The national organization recognizes the necessity for this centralization of publicity resources, if public information is to be developed nationally along broad and unified lines. A member of the American Nurses' Association Headquarters' staff is the publicity secretary, whose work it is to tell to the public new developments in nursing and to interpret for the public nursing as it is today. Policies in public information are determined by the Public Information Committee, a Standing Committee of the American Nurses Association.

The Publicity Program

FOCUSING of responsibility for public information on one person or group in each of the many branches of organized nursing is clearly essential if, as we have said, there is to be a definite program and carefully evolved policies with regard to the relationship between nursing and the public. A program, though it be based necessarily on taking advantage of every available opportunity to interpret an event or a new nursing policy to the public, is as necessary in public information as in any other aspect of nursing.

Finding Your Place

BUT, you may say, this centralization of responsibility for public information, though it may be the best means of interpreting nursing to the public, has nothing to do with you. You are a private duty nurse in Dubuque, Iowa, or you are a supervisor of nurses in a Dallas hospital. What have you to do with public information? In fact, you may even say to yourself "'The Nurse and the Public'—when that title was chosen the author had in mind apparently only the nurse leaders. Why didn't she say so and call the series 'The Nurse Leader and the Public,' for I do not see that I have a place in this new national movement of public information."

The place of the individual nurse in public information is the same place that she holds in all of nursing. The patient is nursed effectively only when the individual nurse applies to the very best of her ability the skills and technics which she has been taught. Nursing education is effective only in so far as every hospital school strains toward the highest standards in nursing education as they have been evolved up to this time. The American Nurses Association as an organization is able to carry on its work only in so far as its individual members take their share of its work to do.

The Task of the Individual

THE bedrock upon which nursing has been built, and because of the strength of which nursing has been able to grow to the great organization that it is today, is the individual nurse. Nursing publicity, just as nursing education, or the maintenance of nursing standards, cannot be carried out by nurse leaders alone, but must depend for its strength and effectiveness upon the efforts of the composite of individual nurses.

Specifically, what does this mean, this importance of the work of the individual nurse in public information?

I think for every nurse it means three things:

1. Before you can tell others, you must be informed thoroughly yourself.

2. You cannot play a lone hand in public information, any more than you can be isolated in your work and expect to grow in your profession.

3. When you have learned what is needed in public information in your community, and when you have planned with others what the public needs to know, then you will find that day by day in your work, in a half dozen ways, you will be interpreting nursing to the public as represented in your patients and your patients' families and those other individuals with whom you come in contact.

Work for Every Nurse

THE reeducation of the public of the whole United States in the meaning of modern nursing may seem like a stupendous undertaking, but it is not nearly as great a task as that of bringing nursing services to the whole country, of establishing laws, of developing nursing education. Yet these things have been done and are being done; and these achievements have been possible, not alone by the spectacular efforts of a few gifted leaders, but by the day by day, unobtrusive and continual work of the great mass of nurses.

Public information, likewise, depends on unobtrusive, intelligent, unspectacular efforts on the part of the individual nurse to tell to the best of her ability to those with whom she comes in contact, why nursing is doing the things that it is doing in her community—why it is substituting graduate nurses on floor duty for undergraduates—why it is developing hourly service—why the registry, which has been in a private house on a side street for ten years, has blossomed forth suddenly with new quarters in an office building—why a new nurse practice act is going to the next session of the legislature.

Not an Alien Idea

IT is quite simple, you see. It is merely a matter of keeping abreast of the times in your profession, and then, instead of burying all your information inside of you, you become articulate and release to those who have the right to know, those facts about nursing which they need for their own protection and best interests.

Public information is not a new, strange idea, one to be viewed with suspicion by a profession which traditionally has disliked to talk about itself. It is not another arduous and time-consuming undertaking to snatch from the individual nurse her short periods of recreation. The part that you play in public information, as in all professional developments, is the most fundamental rôle in nursing publicity and yet it is the simplest to acquire and the easiest to fufill.

Alive to the Opportunity

TELLING the public, for the individual nurse, means simply living day by day with an alert attitude, ready to grasp the opportunity when it comes, to interpret nursing to some individual or to some group which does not understand and which has the right to know.

Similar opportunities will arise for more obvious publicity. When you see something in nursing that you think would make a good story, when you find among your patients or in your board some misconceptions of nursing which need to be corrected, then go to the nurse leader who is responsible for issuing public information and point out to her the need for a newspaper story, or for a talk, or for a leaflet which will inform the individuals or groups concerned, of the true status of nursing in that situation.

Needed: Common Sense Plus Information

BY all of which you will see, that in order to be taking your part in answering this professional need for interpreting nursing to the public, all that you really have to do is to apply common sense to your everyday professional life. But combined with common sense, there must be the information that is needed before questions can be answered or explanations given. Before you speak with authority, you yourself must be informed, and you must know also what the program of public information is, as it is being carried out by nurse leaders in your immediate group. Therefore, if you are to take your part with other nurses all over the country in re-interpreting nursing as the need arises among those with whom you come in contact, you need *common sense* in the matter of telling the story of nursing, *accurate information*, and *constant contact* with those other nurses who interpret the profession in your community, the district association, the local League of Nursing Education, the nurse leaders who are responsible for the actual issuance of public information through the various organs available for telling the story of nursing to the public.

A Mode of Professional Living

THE actual dissemination of news through publications, radio talks and speeches requires both technical knowledge and an understanding of publicity policies and programs. The day by day contact with the public and interpretation of nursing through the nurse does not require technical knowledge. Public information for the individual nurse resolves itself into the way of professional living which is identical with that to which she is accustomed, except that now, instead of keeping within herself or within her own group those facts about her great and growing profession as they come to her through nursing journal and meetings, she explains and interprets these matters as the need arises to that portion of the public with which she comes in contact.

There is only one rule to be observed, *tell the public what the public needs to know, will find interesting, or has the right to know.* Apply this rule with all the common sense at your command and you need not worry about talking too much or about failing to observe proper professional reticences.

The Strength of the Whole

THEN, there is the final thought. Nursing is judged, in the last analysis, not so much by what it says, nor by what it accomplishes as a profession, as by the individuals who comprise the whole. It is the impression made by the nurse on the patient and his family and friends that forms the estimate in their minds of the entire profession, what you do and what you say that becomes the standard by which nursing is judged.

The profession is strong only in so far as its individual members are strong. The work of the profession can be done only through every individual nurse taking her full share of the load. In public information, no written word or persuasive speech, no story of exploit or description of new development will avail unless the individual nurse, day by day in her sphere of action and responsibility, nurses the sick and meets the public with common sense, informed intelligence, and the will to interpret through herself the highest purposes of the profession.

The Grading Reports Are Being Mailed

By the time this copy of the *American Journal of Nursing* reaches your hands, several hundred schools will be receiving their confidential copies of the first grading report. It was just a year ago that the grading material was gathered. One strenuous week for faculties and students has been followed by twelve strenuous months for the staff at the Grading Committee office. It is believed that the results are worth having waited for.

Supply and Demand

On April 24 the Grading Committee met in New York City and spent many hours in painstaking analysis and discussion of two documents. The first is a summary of the outstanding findings in the supply and demand study. It does not pretend to cover all of the material published in *Nurses, Patients, and Pocketbooks* or all of the later supply and demand studies which have been reported from time to time in these pages. It does, however, give in simple and easily readable form the essential facts concerning overproduction, unemployment, annual earnings, distribution, and academic education, in the nursing profession.

This document is being signed by the entire membership of the Committee as an official Committee report. The Committee voted to take this action on the ground that the time had come when, in addition to the publications signed by Dr. Burgess and authorized by the Committee, the Committee should go on record itself in order to emphasize the supreme importance of certain outstanding findings. The Committee voted that this report on supply and demand should be printed immediately and that a copy should be sent to every person who is later to receive a copy of the grading report.

Grading—the Student Body

The second manuscript upon which the Committee spent many hours of careful thought was Section I of the First Grading Report, which deals with the student body. The original plan of this study was that all of the material should be analyzed before any of the returns were released. In its invitation to hospital superintendents to join in the self-survey, the Grading Committee said:

> It is planned to send copies of this statement to the Superintendent of the Hospital, the Principal of the School of Nursing, and the Chairman of the Board of Trustees. If desired, additional copies will be sent to the other members of the Board, and to any other responsible person properly designated by you. On the line below, please print or typewrite the names and addresses of the members of your Board of Trustees, and below them, but separated by a line across the page, the names of any other responsible persons to whom you wish copies of the confidential report on the standing of your hospital sent.

The invitation was accepted with alacrity. When the requests from the superintendents of hospitals were tabulated it was found that the Committee had embarked on the preparation of over 10,000 of these confidential reports.

This mailing list of hospital trustees and of other people [illegible] concerned with nursing education is probably the first list of its type [illegible] the [illegible] the [illegible] to [illegible] who [illegible] in [illegible] in [illegible] in [illegible] every

[illegible] has to receive special treatment on every item, made necessary a change in plan.

The Grading Committee decided to handle the confidential reports in a series of publications, probably three in number. The first, which has just been released, deals primarily with the student body. While the general findings are being made public, facts about any individual school are being released to authorized persons only. Not even the members of the Grading Committee itself know the results for any schools except those with which they are officially concerned.

Successive reports will be prepared and forwarded as rapidly as the Committee can release the findings. This makes it possible to report on parts of the study without waiting until everything is completed. Hospital executives and boards of trustees will be able to study the report section by section, and to adopt whatever changes in policy seem to them to be indicated, without delay.

There are 10,500 people to whom individual copies of the confidential reports have been promised. Each report must be prepared in the office of the Grading Committee. A red ink arrow will be drawn on every diagram, showing where the particular school stands compared with all the others. This work involves:

1. [illegible] the summary sheets for each school, showing the standing of the school in each [illegible].

2. [illegible] every item on these summary [illegible].

3. [illegible] 10,500 of these sheets, so that each [illegible] may include the complete [illegible] which the Committee is working [illegible].

4. [illegible] red ink arrows 18 diagrams [illegible].

5. [illegible] these 189,000 red arrows in [illegible] that each one is correctly placed [illegible].

6. Checking 10,500 large manila envelopes and making sure that each report is placed in the right envelope. It would be unfortunate if the reports got mixed! In order to prevent such a mishap, each envelope and each confidential report bears the code number of the school for which it stands. As reports are inserted in the envelopes, the numbers will be compared. Each envelope will then be sealed and stamped and hastened on its way.

The task thus outlined will occupy the Grading Committee staff for several weeks. Readers will, therefore, understand why some schools will receive their reports earlier than others. The material will be handled state by state, and mailed as rapidly as all the reports for one state are finished.

The rest of the summer will be spent in finishing the tabulations of the grading material and in putting into manuscript form the report, or reports, which will complete the first grading study. The Committee is planning to meet for two days on September 19 and 20, in a small country inn, free from city distractions, so that it may give concentrated attention to the very large amount of material which will be ready by that time. The final reports may be expected shortly thereafter.

Standards?

SECTION I of the first grading report, which is now ready, deals with the student body. It takes up one moot point after another and presents the facts as they were reported by the schools. It discusses each topic from the educational viewpoint, but it does not attempt to set any standards to separate "good schools" from "bad schools." The Committee is still in the position of gathering facts and thinking about them. It has not arrived at final conclusions.

Readers are reminded, however,

that they need not wait until the end of the Grading Committee program in order to think about educational standards. There are already many well accepted standards, proposed by the National League of Nursing Education, or by various nursing organizations, or by the State Boards of Nurse Examiners, or by higher educational institutions [illegible] They will then be ready to compare with greater interest and insight those new standards they eventually grow out of the Grading Committee's work.

How Will the Schools React?

THE grading reports are founded upon what the schools said [illegible]. The Grading Committee has abundant evidence that many of the reports would be changed at one point or another were the schools given the opportunity to revise their original figures. Taking part in a self-survey is a new experience for nursing. It takes much practice before people learn the importance of checking their own answers to statistical questions, and there will be at least some instances where the reports which come back to the schools, while accurately representing what the schools said in answer to the grading questions, will nevertheless not truly represent the actual conditions in the schools.

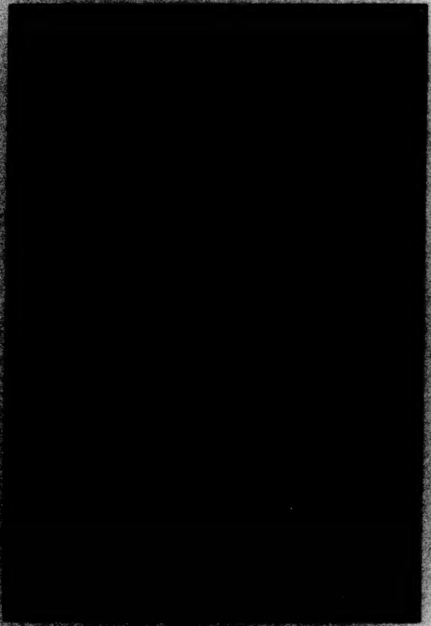
The grading reports are for the use of those who took part. Each school, therefore, will make intelligent use of the report to the degree that it scrutinizes the results and checks them with its own situation, not only as it was in the school a year ago when the material was gathered, but as it is now. The reports should be studied and revised to fit the actual present conditions under which the school is functioning. They should be used as tools for discussion, and modified as seems necessary.

How will superintendents of nurses react to their reports? Probably much as the patients in their hospitals react to the doctor's diagnosis. There are some patients who, if the diagnosis is slightly unfavorable, become angry and refuse to listen. It is difficult to help such patients get well. There are other patients who, on hearing the doctor, believe the worst. They give up all hope, and only the very skillful physician and nurse can lift them up again into the realm where there are some glimpses of sunshine. There are still other patients who listen to the diagnosis, decide how seriously each part of it should be taken, and begin to plan what they can do about it. These are the patients who use their brains instead of giving way to their emotions.

Nursing is not the first profession which has joined in a self-survey. The public schools, the universities, library schools, theological schools, and schools of pharmacy have all within recent years been subjected to the uncomfortable process of finding out what they were like. In each of these professions there have been some people who have resembled the angry patient and the hopeless patient described above, but there have been, fortunately, many more people who have belonged to the third type, the people who want to find out the facts so that they may plan intelligently for the future. It is safe to say that in nursing, where the cooperation in securing the first grading study has been so overwhelmingly fine, the percentage of those in the third group of the study will be correspondingly [illegible].

Some Specialists

Lucy Last Van Frank, R.N.



Lucy Last Van Frank, R.N.

LUCY LAST VAN FRANK, one of the truest friends of private duty nurses, has held the position of Registrar in the First District of the Illinois State Nurses' Association since 1913.

Mrs. Van Frank came to the nursing profession with a background of preparation and experience which have been invaluable in her present position. Graduating from high school she immediately prepared herself for work in the business field, and for more than fifteen years devoted herself to this type of endeavor. Such long extended contact in the business world has given to Mrs. Van Frank a knowledge of business principles, the practical application of which she has made of untold value in the successful management of the Official Registry of First District, Illinois State Nurses' Association. When Mrs. Van Frank chose to build on this practical business foundation a structure of nursing, the profession was truly favored. She graduated from the Chicago Policlinic Hospital School of Nursing and was retained in her own school as graduate and night supervisor. Perhaps it was in this latter capacity that Mrs. Van Frank came to realize the needs of the [illegible] which a registry may serve.

Mrs. Van Frank is not unfamiliar with the public health nursing field, having had some experience in open [illegible] work sponsored by the Elizabeth McCormick Memorial Fund under the supervision of the Visiting Nurses' Association of Chicago, and having served under the American Red Cross in Siberia from 1919 to 1920.

Private duty nursing rounded out the cycle of experience which gave understanding of the problems in this field so essential in the effective conduct of a registry.

To evaluate the contribution made by Mrs. Van Frank in her present position is indeed a difficult task. To her come in ever increasing numbers

the members of the Registry with requests, complaints, and problems, and always she meets them with a keen understanding and intelligent sympathy which forms no small part in the smooth running of such an organization with almost two thousand private duty nurses. Her deep interest in the individual nurse is especially noted when unemployment makes of [illegible]

[illegible]

Illinois State Nurses' Association and represented, in 1929, the First District of the Illinois State Nurses' Association at the meeting of the International Council in Montreal.

In the midst of her arduous duties as Registrar Mrs. Van Frank finds time to present the work and aims of the Registry to civic groups and others who may be interested. The *American Journal of Nursing* for December, 1929, carried an article written by Mrs. Van Frank, entitled "The Registrar looks at the Private Duty Nurse."

It is worthy of note that Mrs. Van Frank is a member of that professional group which has been able to carry out successfully the development of a career and at the same time maintain a position in a home.

The Board of Directors of the First District are particularly grateful to Mrs. Van Frank for the splendid efficiency and beautiful spirit with which she has assumed many added responsibilities at district headquarters during the past year and a half in the absence of an executive secretary.

The Public Health Nurse for June

Official Magazine of the National Organization for Public Health Nursing

(May be had in combination with the *Journal*)

Editorial, S. Lillian Clayton, Katharine Tucker.

Child Study Program, [illegible] M. Gruenberg and Flora F. Stewart.

The [illegible] of Child Health for the Family, [illegible].

The Nursery School—A Learning-Living Place, [illegible].

The Public Health Nurse [illegible] Tuberculosis, [illegible].

Advantages and Disadvantages of [illegible] tion for Public Health Nursing Agencies, [illegible].

An Experiment in Statewide Staff Education, [illegible].

Community Organization for Health, [illegible].

The Playground Movement, M. Carter [illegible].

On the Advantages of Getting into a Rut, [illegible].

A [illegible] Program for Public Health Nursing Organizations, Dorothy [illegible].

[illegible] and Duties of Advisory [illegible].

[illegible] and the [illegible] Nurse, [illegible].

Editorials

Victory

A NURSE, modest as Miss Clayton was modest, greatly understanding, as Miss Clayton herself was greatly understanding, loving as she was loving, unostentatiously bore to her on her last day on earth a wreath of laurel with the single word "Victory." How Miss Clayton would have loved the simplicity of that gift!

Like a knight in armor, Miss Clayton lived her life. Rigorously she held herself subject to the demands of the imperious will which had early set her feet in the path of Service. Unremittingly she toiled—more often than not into the lonely hours of the night. Sturdily she overcame an almost overwhelming shyness which threatened to render her ineffective, for moral courage she never lacked. Steadfastly, year by year, she added to her professional stature and knew it not for it was never of herself she thought. Gallantly throughout her life she fought for those things which claimed her loyalty. Silently she bore misunderstanding and forebore either recrimination or explanation.

Unquestionably her school and all that the teaching of nurses could mean in the care of patients, in the prevention of illness and of sorrow, held first place in her heart. Never forgetting [illegible] students, their needs, [illegible] their problems out of [illegible]. In the face of almost [illegible] she stood for nursing [illegible]. Slowly but surely she worked toward the goal of adequate [illegible] and understanding care for patients in the great hospital. Like a banner she used the slogan, "Standards in nursing education mean nothing if they cannot be translated into nursing care of patients." Courageously she set standards and with the faith of the ascetic, combined with incessant zeal, she labored toward her goal. Limitations of budget, lack of understanding, actual incompetence, these she endured only until opportunity came to push forward again.

Demanding though her tasks were, devoted though she was to the huge institution and its multitudinous demands, she found time to give abundantly to her profession. Her development from that day of long ago when she passionately proclaimed that she could not preside at an alumnae meeting to the day when she received the highest honor in the gift of American nurses, the presidency of the American Nurses' Association, is an epic in itself.

Elsewhere we have told of the splendid courage of those who are carrying on in her school and hospital. What of our national organization? How will it carry on? This is a crucial time in nursing. Never was the profession faced with such grave problems. Matters of vital importance seemed dependent upon her statesmanship—and she is dead.

May it be that her greatest victory is to come? Perilously weakened by her loss as the organization is at this time, may it be that those who follow her will find strength to ignore pettiness and self-seeking and to focus their attention on the great problems confronting the profession? Nursing is replete with potential greatness for

the spirit of nursing is the demanding spirit of service. Among our thousands there are those who, modest as she was modest, also possess, as she possessed, within themselves the power of leadership. Like a trumpet blast comes the call to transmute weakness into strength, vacillation into action, fear into courage, dreams into realities. It must never be said that the banner of the American Nurses' Association trailed in the dust because of lack of strength and purpose. The greatest tribute to a great leader is steady effort toward the fulfillment of her dreams. Miss Clayton worked for a united profession, she labored to improve the economic situation of nurses, she toiled to translate into practice the educational standards in which she believed. Her greatest victory might come through the inspired and faithful effort to fulfill her dreams of the profession. May it be so!

Committee on Educational Policies

SEVERAL hundred schools of nursing have received reports from the office of the Grading Committee this month. The remainder of those participating in the studies will receive their first reports as rapidly as they can be released. It is to be remembered that this is only one of the three sections of the report promised. With the report to many of the schools whose returns indicate need of help, goes a thoughtful, friendly helpful communication from Stella Goostray, "Adviser."

It will be recalled that Dr. Burgess, who directs the work of the Grading Committee, is an educational statistician. She has no nurse on her staff because the study, the research, is being conducted along scientific, fact-finding lines. Valuable though the collected data are, it was felt both by Dr. Burgess and by the Boards of the nursing organizations participating in the study that interpretation of some of the findings by a nurse would be helpful. The Joint Nursing Committee on Educational Policies was therefore formed. As its name indicates, the committee represents the three nursing organizations. This committee secured the services of Stella Goostray. Miss Goostray acts as an adviser to Dr. Burgess when the latter has occasion to call upon her for an elucidation of obscure nursing phraseology or other nursing technicalities. Her greatest service, however, and the one which has filled most of her overcrowded days since January, has been given to a most painstaking analysis of the compiled data and to the formulation of helpful suggestions.

The standards on which her suggestions are based are the standards of the National League of Nursing Education. They have been developed gradually through the experience and study of nurses who have been engaged in schools of nursing and know well the problems which are involved. They are based upon an analysis of what the nurse today must do, both in the hospital as a student nurse and later in the community. It is believed they will ensure a better quality of nursing service for the sick in the hospital and in the community.

Miss Goostray's material is practical and helpful. It shows sympathetic comprehension of the problems and suggests next steps in improving the education of nurses in order to improve nursing service. The committee rejoiced when Miss Goostray secured a leave of absence from her work as the director of the school and nursing service at the Boston Children's Hospital. We think those who receive her letters will be helped and that they will agree that the choice was a fortunate one.

Orientation Courses for Nurses

PHILIP D. JORDAN, B.S., M.S.

THE time is rapidly approaching when the current concept of what constitutes a nurse's education will be revised to meet the imperative needs which a changing culture is imposing upon the world at large.

That curriculum and method in a training school for nurses is not fixed but is adaptive is a precept which has long been held valid by those directing the nurse's schooling. Already the first-class training school in the United States has recognised the value of an academic and cultural background for its probationary students and so is continually raising its admission requirements until now the majority of hospitals are insisting upon a secondary school experience ranging from two to four years in an accredited high school. Furthermore, girls who have done college and university undergraduate work or who possess an academic degree are especially desired.[1] This increasing emphasis upon background is splendid, but it may not be sufficient to meet the demands placed upon the nurse today.

It is now possible for the training school, still keeping in touch with recent educational trends, to assist the student nurse with the development and expansion of her cultural, factual, and philosophic knowledge, for it is rather generally conceded that the average graduate from the average training school has been trained almost entirely in the several branches of nursing and bedside technic to the exclusion of what the German terms *Wissenschaft*, or knowledge in general. In the past some attempts have been made throughout the United States to give student nurses the types of knowledge commonly denied them in their regular hospital curriculum. Such classes, however, usually are made to correlate rather well with the nurse's professional training. This may be observed in the very titles given to the courses, such as "Sociology for Nurses," "Pyschology for Nurses," and "Ethics for Nurses."[2] But to date no courses have been offered which seek primarily to orient the student nurse to contemporary civilization and to make of her a socially minded individual.[3]

Such a state of affairs is not strange, for it has been only during the past decade that "orientation" courses have manifested themselves in the

[1] Many nursing schools, in cooperation with [illegible] universities, have so arranged [illegible] students may [illegible] to [illegible] of the hospital school of [illegible] a Bachelor's degree, usually a [illegible] the university.

[2] Prof. W. I. Bailey for some years has given a course in sociology to the nurses of St. Luke's Hospital, Chicago, with emphasis upon socializing the viewpoint of the nurse.

[3] Cf. *School and Society*, February 8, 1930, for discussion of Professor Snedden's philosophy of the new education.

colleges and universities of the country. Thus the [illegible] hospital training school will sooner or later adopt this idea, as it has other progressive movements in education, sooner or later.

In brief, the orientation course as developed [illegible] today in many leading American universities seeks to acquaint the student with modern and contemporary thought and to adjust him to current concepts of knowledge.[illegible] The course then [illegible] is [illegible] as opposed to those [illegible] subjects such as [illegible] [illegible]. Again, the [illegible] the "[illegible]" [illegible] the [illegible] of new [illegible] thinking." [illegible] without [illegible] it is an attempt to see the Universe as a "[illegible]," or if one prefers the newer interpretation as holistic, or as a whole.[illegible]

Again, it may be likened to Spencer's [illegible] task of creating a synthetic, systematic [illegible] of all knowledge. In short, it is a *Kulturgeschichte*.

In some institutions the orientation work takes the form of various "approaches" to the Universe as is indicated by the "physical," the "social," the "esthetic," and the "religious" approach. Again the first half of the course may be devoted to an interpretative survey of the physical sciences and the second to an interpretative examination of the social sciences. The word "interpretative" here gives the key to the [illegible] of the entire course and indicates that orientation work lies within the field of philosophy. The instructor, then, must be one who is not alone acquainted with the facts of the physical and social sciences but who is also familiar with the philosophical method, for the emphasis of orientation programs rests upon the point of view rather than upon factual evidence alone.

A study of astronomy, for instance, would lay emphasis, not so much upon [illegible] and identifying the stars, planets, and [illegible], but upon the [illegible] of the Universe, its "no-beginning," [illegible], its limitless extent and its [illegible] rather than [illegible]. The student is [illegible] the speed of light, 186,000 miles per second, is taken as an astronomical [illegible], this measuring unit could be projected into space to [illegible], and the boundary of the Universe would not, could never, be reached.

Proceeding from the [illegible] of [illegible], star clouds, binary stars, and planetary [illegible], the student is introduced to the various hypotheses, [illegible] and [illegible], by which the [illegible] and [illegible] attempt to interpret the birth of the earth upon which we reside. [illegible] of the [illegible] and development of the [illegible] of the [illegible] of the [illegible] [illegible] the [illegible]

With the [illegible] begins a period of [illegible]

[illegible] University of [illegible] University of [illegible] University of [illegible] University [illegible] work.

[illegible] The New [illegible]

[illegible] for a fuller discussion.

[illegible] to the student. Here begins the evolutionary study of living things which starts with those first [illegible] colloidal substances, proceeds through the development of the plant kingdom with emphasis upon the mutual symbiosis of all plant life to the development of the invertebrates. The interpretative survey of the evolution of the vertebrates with its pageant of primitive fishes, the great paleozoic reptiles, the clumsy flying birds, and the huge *tyrannosaurus rex* and so finally to the coming of the primates gives the student a background indispensable if he is to understand the new science whose foundation Darwin raised in 1859 when he published his *Origin of Species*. With the coming of man in the form of *pithecanthropus erectus*, *eoanthropus*, *homo neanderthalensis*, and finally *homo sapiens*, the student is face to face with the development of the human brain which Dr. Henry Fairchild Osborne calls "the most marvelous and mysterious object in the whole universe."[7]

From here on the course is a treatment of the cultural and societal evolution of man, beginning with cultural mores, taboos, and totems of primitive groups and following the development of economics, politics, art, religion, ethics, science and philosophy down through the ages, touching upon the civilizations of the Orient, then the [illegible] and [illegible] cultures of [illegible], up to the [illegible] of [illegible], to the [illegible] of the [illegible], the [illegible] of the [illegible], and eventually to the beginning of the Industrial Revolution [illegible] in these [illegible] days of a [illegible] which Spengler [illegible] to short duration. [illegible] impossible to sketch the sweep of a contemporary thought course in a brief article, but it is possible to present the spirit of such a course and to record the enthusiastic reactions of universities using the orientation method and of students who have been successfully exposed to the work. Obviously, the course which honestly seeks to present an intelligent gathering-up and interpretation of modern knowledge will cut across the narrowly prescribed boundaries of the several fields of knowledge and will finally lead the student to recognize that "to see life steadily and as a whole we need not only science, but ethics, art and philosophy; we need the apprehension of a sacred mystery, the sense of communication with a Divine Power, that constitute the ultimate basis of religion."[8]

The question now remains as to the value of an orientation course in the curriculum of the training school for nurses. At present the student nurse's day seems crowded with routine duties and class work closely correlated with this daily labor. Students complain of their long hours in the wards and frequently demonstrate their fatigue by sleeping in lectures. Can some time be found for the inclusion of an orientation course? The answer lies in the minds of those splendid administrators of hospital training schools today. If the work proves its worth, place will be found for it. The truism that a nurse must be more than a mere technician need not be repeated here. Furthermore, it is possible that the adoption of some type of orientation course in the curriculum of the school of nursing may determine, to a large degree, the personal attitudes of the nurse and may do much to prevent the development of that philosophical "set"

[illegible] address delivered at American [illegible] Convention, Des [illegible], December, [illegible].

[illegible]

[8] Dampier-Whetham, *A History of Science*, p. XVI.

among nurses which has often led to gross materialism and even to a distortion of the ideals of the profession.

For those hospital training school directors who are interested in examining some of the literature in the field of orientation and contemporary thought courses, the selected bibliography which follows may be of assistance. Furthermore, this list may appeal to the graduate nurse who is interested in extending her own intellectual horizon.

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Affiliations in Public Health Nursing for Student Nurses[1]

MARION M. RICE, R.N.

THE preventive, teaching, and social aspects of nursing are not as a rule sufficiently stressed in training schools. It is easy to understand why, in the hospital which is primarily for the care of the sick, the idea of health is frequently obscured. The nurse does not see herself in the rôle of health worker, since too often the instruction given her concerns the cause and care of disease with but slight emphasis upon prevention. Moreover, the necessity for acquiring technical proficiency in nursing procedures too often leads her to think of herself only as a person who gives intelligent and expert care where it is sorely needed. She is not trained to consider herself a teacher also, trained to realize that her possibilities for service are infinitely greater if she can recognize and grasp opportunities for instruction. She does not appreciate that her very ability to give expert care often brings to her chances for constructive health teaching that come to no one else, that her ability to serve gives to her words an added weight.

To the student, the patient in the hospital is frequently only one of many cases. Even if she does look upon him as an individual, it is hard for her to consider him in relation to his family and the community, since it takes more experience and imagination than the average pupil nurse possesses to see him in relation to his home situation. Moreover, the pupil is apt to have little comprehension of social problems. Even though she may have listened to lectures and read books, so that in a purely academic way she knows that problems exist, as a rule she is too inexperienced to realize what they actually mean and how they may affect the lives of her patients. Neither does she usually have any real conception of social treatment nor of the health and social resources of the community.

This state of affairs is changing, for today certain general principles are widely recognized. The preventive, teaching, and social aspects of nursing are fundamental to all branches of the work, although there is opportunity for greater emphasis on these in some fields than in others. All schools of nursing should be responsible for including the elements of these three aspects in the training of all students, weaving these elements into the

[1] Read at a meeting of the New England Division, American Nurses' Association, Providence, R. I.

course from the beginning, associating them with all phases of the student's work and not considering them as belonging only to some special type of experience gained outside the hospital walls. If such teaching is done, the student nurse has a different point of view, a broader understanding, a certain background that gives her an intelligent approach to public health work.

The question immediately arises: Should field experience be available for all pupil nurses? Personally I doubt if this will ever be possible. I cannot agree with those who believe that experience in homes, regardless of conditions, regardless of whether the pupil be supervised or not, is desirable. Moreover, I feel that in justice to the community the public health nursing organization should not accept a larger number of students than it can assimilate without detriment to the work. It is well to remember that the public health nursing organization is established primarily to give expert health service to the community. Too frequent a change in personnel, too large a proportion of inexperienced nurses, will necessarily lower the standard of work. Students bring much to an organization, enthusiasm, a stimulating desire to learn, new view points, new contacts. However, they also require much. In some places where the field is well organized and the number of senior pupil nurses not too great, field experience may be made available for all. Where such an arrangement is not possible, it seems to me that the best results will come from selecting for this experience those pupils who are most interested and seem best fitted to profit by the experience.

In considering an affiliation it should be kept clearly in mind that the purposes must be educational, the student must be taught, not exploited. It is sometimes thought sufficient to offer to the pupil nurse merely the opportunity to do bedside nursing in homes instead of in the hospital. All too frequently visiting nursing associations are eager to affiliate with a training school because such an arrangement means more nurses in the field without additional expense. Any association giving to the pupil nurse the necessary instruction and supervision is not likely to be financially the gainer to any great extent.

The first essential in a successful affiliation is, in my opinion, a clear understanding between the nursing school and the public health association as to the aim of the affiliation. The Standard Curriculum suggests the following seven objectives as covering the main purpose of community nursing experience:

1. To round out the student's clinical experience.

2. To give an enlarged social viewpoint and additional basis of appreciation for community health work.

3. To give practice in adapting hospital nursing methods to home conditions under competent supervision.

4. To help students to recognize and to be sensitive to home and community problems, and to assist in working them out.

5. To give students an opportunity to test their aptitude for the general field of community health work and to give them a [illegible] that [illegible] on [illegible]

6. [illegible] of the [illegible]

7. [illegible]

[illegible]

conditions. The school should select for this experience only those pupils who have had basic training in the different branches of nursing and who are sufficiently advanced in their course to be able to carry responsibility. Field work in public health nursing may round out clinical experience, but it ought not to be considered as a substitute for basic training which should be given within the hospital walls. The continuous observation of the course of disease, and the constant supervision and bedside instruction both as to disease and its nursing care which are essential parts of the pupil's education must necessarily be lacking in the public health field where the student may see her patient for only a short time each day and must necessarily make many of her visits alone.

The time devoted to a public health nursing affiliation should be continuous and of sufficient length for the student to acquire some real understanding of the work and a certain amount of skill. Less than two months is of little value, but more time than this may be inadvisable if the practice field is limited. Where the experience available is wide, a period of [illegible] months is none too long. During this the pupil should be released from hospital duties, and as far as possible from hospital classes, so that she may devote full time and strength to her new work. The tendency to call the pupil for Sunday duty in the hospital is strongly to be discouraged. In public health nursing the strain both physical and mental is severe,—particularly is this true in the case of the pupil nurse. Therefore she, just as the graduate staff nurse, needs her day off if she is to keep herself in the best physical condition, retain her interest and profit to the utmost by her experience.

The public health nursing agency on its side must offer a well developed field, public health work of recognized standards and practice for the pupil that is truly educational. Moreover, in charge of the work must be an experienced and well trained public health nurse who has a real interest in the education of the pupil nurse and ability to teach. A carefully worked out plan of instruction is essential.

This plan will vary according to the size of the organization, its general program, the extent of the territory covered, the various types of work to which the student is assigned, and the personnel. However, in even the smallest association time must be devoted to office demonstration, to lectures and conferences in which general principles as well as individual cases are discussed, to demonstrations and supervisory visits for the pupil in the homes, and to arranging for observation of other valuable health or social activities if such exist. The actual teaching of the pupil in the homes is of greatest importance. Unless this is done by an experienced nurse who knows not only what but how to teach, the affiliation may to a large extent fail in its aims. Without supervisory visits it is impossible to judge the student's general ability, her relations with her families, how much of her instruction she has grasped, how many of her opportunities she sees and how well she uses them and what progress she is making. It is essential to know on what points she needs special help as well as in what respects her work is particularly strong. Although the pupil should always be made to feel that the nurse who is directing her work is there to teach her, to guide her, and to help her with her many and at times almost overwhelming problems, she should at the same time be allowed as far as possible to carry the responsibility for her own families. She

should be encouraged to help solve problems, and to do the necessary work herself under guidance, so that she may develop her own powers, her initiative, her judgment, her skill. Observation is valuable within limits and may be used as a teaching method when the pupil's active participation is impossible, but it does not take the place of practice. The pupil whose contact with a tuberculosis patient is restricted to bedside care alone while her supervisor takes full responsibility for every other aspect of the case is missing the most valuable part of her training.

Whether she enters the public health field, does private nursing, or chooses some other form of work in hospitals, the nurse whose undergraduate course has included carefully planned and directed field work in public health nursing will take up her profession with a better understanding of people and their problems, a clearer idea of her opportunities for service, and a keener appreciation of her responsibilities to the community.

Appraisal of Affiliations[1]

State Board of Examiners for Registration of Nurses

IN 1915 the Department of Justice ruled that the law, under which the Pennsylvania State Board of Examiners for Registration of Nurses functions, was so worded that it was legally permissible for them to send into the schools of nursing a representative to ascertain whether or not the living, working, and educational conditions were such as to assure to the student nurse adequate preparation for her profession.

At that time a nurse was appointed whose especial business this became and since then, except for an occasional period of a few months, there has been one person in the full-time position whose duty it was to inspect for these three conditions in schools of nursing.

Since August, 1928, we have had two full-time field workers.

After the all-nurse Board was appointed in 1928, they began to consider the fact that although all three of these conditions for the student nurse, so long as she was receiving her instruction and experience in the hospital, were under regular supervision from the Board, when she began her work in affiliation with Visiting Nurse Associations there was no check-up of any sort on the type of experience and supervision which she was receiving, the amount and quality of the theoretical instruction being given her, or of the preparation of the graduate staff by whom she was directed and supervised. These facts existed, although many of the nurses were spending, with the approval of the Board, anywhere from one-eighteenth to one-sixth of their total amount of preparation with these associations.

The question then arose whether or not such a situation was consistent with good Board supervision. When, therefore, a directress of nurses asked the Board's approval for the establishment of an affiliation with a Visiting Nurse Association in the town in which the hospital was located, the

[1] Report prepared by the Pennsylvania State Board of Nurse Examiners for Registration of Nurses.

Board, upon realisation of the fact that affiliations had not up to that time been given by this association, began to question whether it was advisable to grant to this school of nursing the privilege of planning for this experience for their students.

Feeling that there was in our files no authentic information by which the opportunities for experience and educational growth of this association might be measured, the Board of Nurse Examiners asked the Board of Directors of the Pennsylvania Organization for Public Health Nursing for an expression of opinion. Apparently that organization, itself, had not until that time established a gauge for such affiliation.

The recognition of this need and the request for assistance was referred by the Pennsylvania Organization for Public Health Nursing to their Educational Committee. This committee has, in the past two years, prepared recommendations for visiting nurses planning for affiliations and has also outlined a questionnaire which might, by the Board, be issued to visiting nurse associations which were already receiving or planning to receive student nurses in affiliation.

It is planned to have these questionnaires issued annually to visiting nurse associations just as questionnaires have in the past been issued to hospitals maintaining schools of nursing. The Board proposes to consider the data submitted and to decide from the recommendations made by the Pennsylvania Organization for Public Health Nursing whether or not it is advisable for the association to be placed upon the list of accredited schools in Pennsylvania. It is the plan of the Board that the 1930 list of accredited schools shall include under its own subdivision a list of the visiting nurse associations in Pennsylvania in which they are willing to have student nurses receive experience and instruction.

It is noted that the public health group, itself, has emphasised the fact that the "purpose of these affiliations shall be to round out the experience of the nurse." This statement is one which is capable of various interpretations. The first of which we are apt to think is the student's introduction into the field of public health nursing and the opportunity which it gives her for an enlarged social viewpoint.

Valuable as are all of the objectives set forth on the first page of the leaflet of recommendations, attention must be called to the fact that the amount of pediatric experience in the general hospitals is having a marked tendency to decrease and that the well established out-patient departments of the different hospitals, together with the possibilities of visiting nurse care for patients, have decreased the amount of hospitalization of truly medical cases. In these two branches of nursing experience there is marked shortage in the state of Pennsylvania today. Within a few years we are probably going to be faced with the necessity either for decreasing the required minimum amount of medical experience or for granting official recognition to experience in the care of medical patients derived in some other way than in hospital wards. Experience with approved visiting nurse affiliations, with carefully selected cases for experience and case records, may be a solution to this problem.

The Pennsylvania State Board of Nurse Examiners will consider the affiliation of the visiting nurse experience from two of the angles from which it views the experience in the hospital.

Since the student nurse remains in residence in her own institution, living conditions do not need consideration.

Under "Working Conditions" we need to consider the amount and the quality of supervision of the student. Just as in the hospital it is required that the direction and the supervision of the student shall be by a graduate registered nurse, so this must be required in her affiliation. Just as the Board is concerned with the specialized preparation of the hospital ward supervisors, so it must be concerned with the preparation of the supervisors in the visiting nurse associations. This latter requirement would, of course, also hold good for the nurses by whom the instruction is given. The course of theoretical instruction and its correlation to the work of the student are quite as important in this phase of her nursing experience as in any other.

The Board realizes that this is, in Pennsylvania, a new departure and appreciates to the fullest extent the fact that they are fortunate enough to have had appointed to the Board a nurse actively employed in public health work and with special preparation for her line of specialization. It appreciates the opportunity which the Education Committee of the Public Health Organization has extended to its representative, the Secretary, to sit in and take part in the discussion of all of the committee meetings. It feels that the contributions which have been made by this Committee in the preparation of:

1. Recommendations on public nurse affiliation;
2. Questionnaire for visiting nurse associations;
3. Proposed contract to be used between the schools of nursing and the visiting nurse associations,

are invaluable, and would desire at this time to request of the Public Health Organization of Pennsylvania their continued coöperation and assistance.

In conclusion, there are at the present time in Pennsylvania six visiting nurse associations granting affiliations to students from twenty-one schools of nursing. When on October 4, 1929, the questionnaire was sent for the first time to the directors of these six associations, asking that if possible the questionnaire be returned by October 11, in order that they might be given consideration at the Board meeting, five were returned by that date. This is a record for promptness and coöperation which might well be followed by other groups of nurses.

Questionnaire

PUBLIC HEALTH AFFILIATION FOR THE UNDERGRADUATE NURSE

1. Name of your city State Date

2. Name of your organization

3. Is your organization city, rural or combination?

4. Please check which of the following types of service your organization renders:

Prenatal	Acute communicable
Delivery	Tuberculosis
Postpartum	Venereal
Infant welfare	Health education
Preschool	Industrial
Orthopedic	Chronic
Nutrition	Mental hygiene
School nursing	Hourly
General medical	Health center, clinic
Surgical	

5. How many staff members

City? Rural?
Supervisors? Asst. Supervisors?
Other administrative officers?

6. In what year did you first give undergraduate [illegible]? What is your purpose in [illegible]

7. [illegible]

[illegible]

8. How much of the course is given to students who are in their first year of hospital training? In second year? In third year?

9. What is your requirement as to the student's theoretical and practical work in the training school before she affiliates?

10. Do you set a minimum educational entrance requirement for the course? If so, what? Is this the same as or higher than the requirement of the schools from which the students come?

11. Do all students enter simultaneously or are they taken in one by one?

12. Do students give full time to V. N. A.? How many hours per week do they give to field work?
How many hours per week do they give to theoretical work?

13. How many hours per week do they give to hospital class work? To hospital practical work? (Answer by separate hospitals if necessary.)

(a) If students in a given class come from different hospitals, is there any agreement among the hospitals as to days upon which hospital classes and lectures shall be given? Or does each hospital make its own schedule without reference to the others?

(b) Where there is such an agreement among hospitals, have they chosen one or two special days each week? Or certain hours every day? Or have they put their own classes in the evening?

14. Do students continue to live at their own schools? If not, where?

15. Personnel and qualifications of staff working with students:

(a) Who is responsible at present for student [illegible]? [illegible] special preparation and [illegible] as indicated below; [illegible] which might contribute to [illegible] before and after training [illegible] courses in public health [illegible] Health Nursing experience: [illegible] Type [illegible]

(b) [illegible] supervisors work with [illegible] Assistant Supervisors? (Please list special preparation and experience of each one, following headings listed under 15 (a).)

(c) How many staff nurses work with students? (Please give below a general statement of the special preparation and experience required for these staff nurses.)

16. In what services is it your policy for students to get experience? (Please check actual experiences, and star where for observation only.)

Prenatal	Acute communicable
Delivery	Tuberculosis
Post-partum	Venereal
Infant welfare	Health education
Preschool	Industrial
Orthopedic	Chronic
Nutrition	Mental hygiene
School nursing	Hourly
General medical	Health center, clinic
Surgical	

17. Do you use a central teaching district or do you distribute students over the entire field?

18. (a) How is the student's assignment to this experience planned?
1. Order for assignment
2. Please submit your plan of introduction

(b) How is student's experience recorded (Please submit record form with typical entries.)

(c) How is work adjusted so that the student gets varied experience?

19. How is student supervised?

(a) Office?

(b) Field?

(c) Frequency of supervisory visits with nurses?

20. Please submit any outlines or plans of theoretical instruction, including conferences, classes, demonstrations, reference readings, excursions, field work.

21. Is your organization entirely responsible for instruction of undergraduate students? If not, please state relationship to any other agency or educational institution.

Signature.........................
Title.........................
Date.................

Recommendations on Pupil Nurse Affiliation

1. Size of organization.—Those having a small staff have to consider certain very definite problems:

(a) The cost of a student program to the organization.

(b) An insufficient variety and number of cases available for the student.

(c) Possible limitation in number and proportion of supervisory and staff nurses working with students.

2. Purpose of undergraduate affiliation.—Best expressed by the statement appearing in the Curriculum for Schools of Nursing:

"The following objectives are agreed on as applying particularly to student nurse experience in out-patient departments and in connection with public health nursing associations. The main purposes of such experience would be:

"1. To round out the student's clinical experience.

"2. To give an enlarged social viewpoint and additional basis of appreciation for community health work.

"3. To give practice in adapting hospital nursing methods to home conditions under competent supervision.

"4. To help students to recognize and to be sensitive to home and community problems, and to assist in working them out.

"5. To give students an opportunity to test their own aptitude for the general field of community health work and to give them a clearer idea of the scope of that work so that they can make a better vocational choice on graduation.

"6. To give additional knowledge of the fundamental social conditions directly related to health information, about the various agencies operating in the community for the advancement of public health and social betterment.

"7. To provide additional opportunity for the practice of teaching and to demonstrate the essential value of teaching methods especially with reference to patients and families in homes."

The Committee further wished to go on record that no public health nursing agency should enter into pupil nurse affiliation unless it was prepared to accept an educational responsibility for the student.

The work that the students might do while with the agency should be an incidental consideration.

3. Requirements for undergraduate students.—The committee recommends that effort should be made to have the student's educational requirements on the same basis as that of the staff; further, that the affiliation should be accepted only with training schools whose graduates are eligible for membership with the National Organization for Public Health Nursing. Students should come to the affiliation during their senior year after having had practice and theory in medical, surgical, obstetrical and pediatric services. If communicable disease work is included, it is preferable that the student have such experience previous to her public health affiliation. Furthermore, the committee strongly recommends that those schools giving emphasis to the teaching, preventive and educational aspects of health, should be given preference in accepting their schools for affiliation.

4. Length of affiliation.—Two months as a minimum period is recommended. Extraneous observation in public health agencies is not approved.

Students should be introduced to the field at regular specified intervals, thus permitting the public health agency to plan a sequential program of work for them.

5. Relationship to hospital.—The committee definitely recommends that students should not be on duty in the hospital during their affiliation. While recognizing in certain instances the necessity for students to return for hospital class work, the committee feels that this practice should be discouraged and eliminated as rapidly as possible. It is further recommended that those responsible for the affiliating students in the public health nursing agency should hold periodical conferences with representatives of the schools of nursing, in order that the affiliation may be a shared responsibility and that correlation may be made between the practical and theoretical work of the student in the hospital and in the community.

6. As to types and sequence of experience considered most profitable for the student, the committee recommends that already stated in relation to the [illegible] staff; it [illegible] of the body. [illegible] for [illegible] of the day, and [illegible] familiar.

7. Orientation, [illegible].—The recommendations already made as to the introduction of new staff are suggested here.

8. Excursions.—Where excursions are made (and the value of these is questionable as adding considerable to the adjustments to be made by the student in so short a time) special preparation for them should be made both with the student and with the institution or agency.

9. Supervision in the field and office.—Recommendations have already been suggested for the staff nurse; six to ten visits, or more in individual instances, during the two month period; continuous supervision of records and individual conferences with the student relative to her case work. Any organization accepting students should be able to give continuous and sustained supervision to their student group; there should be at least one supervisor to every eight or ten staff nurses—preferably fewer if these include students.

10. Records of work.—The committee stresses the importance of records being kept for each student: (1) to ensure the student's having had the necessary experience; (2) to give a clear conception of the student's progress made during her field work, and finally, to be able to report to the training school the content of the experience and the progress made by the student.

11. Some one person should be definitely responsible for the student program. She should have, as preparation, a sound experience in a public health field and in addition to this it is considered desirable that she have had some postgraduate study.

School of Nursing Responsibility in the Affiliation.[3]

THE basic preparation of public health nurses should be the same as that required to prepare all nurses for their future opportunities and responsibilities.

The student on admission to the school should have her attention directed to this goal, "individual health both of mind and body." She is immediately interested in herself in connection with her new work; her interest and enthusiasm runs high and she is in the most impressional stage of life.

Personal hygiene in connection with the building of health habits for herself should be stressed during the first few months.

As the student builds up knowledge, and her experience on the ward increases, her attention should be directed on the whole patient, not just as the focus point of certain diseased organs, but as a human being with mental, emotional, and social sides that have direct relationship to his physical condition.

She should be taught to regard his stay in the hospital as only one chapter in his "Book of Life."

She should understand causative factors and their bearings on the patient's health.

The student during training must accumulate a fund of knowledge composed of scientific facts and principles. This accumulation may be called the theory.

While caring for the patient daily, the student builds up her practical experience.

The way in which the theory is applied to the daily experience may be termed the method, wherein the human element plays a big part both in its application and in the benefits derived.

It is the responsibility of each school to give a sound basic course in theory to help the individual to accumulate her fund of knowledge.

The instructor should stress at all times the prevention of disease; prevention not only for the nurse and the patient, but for the entire community.

The instructor in her teaching should keep in mind that the student is to be educated to work in the home, private duty or public health work, as well as in the hospital. The practical applications to both situations should be made by the instructor as she goes along. The student does not have a background of experience sufficient so

[3] Prepared by Florence Ambler, R.N.

that she can make her own applications.

Courses which provide the best opportunity to stress prevention of disease are:

Personal hygiene	Communicable diseases
Practical nursing	Public health lectures
Anatomy	Occupational diseases
Obstetrics	Venereal diseases
Sanitation	Nutrition and diet in disease
Bacteriology	
Pediatrics	

Psychology should be taught thoroughly so as to give the student an understanding of human nature.

In fact, all courses in the curriculum provide opportunity to stress prevention of disease.

Interest in prevention of disease and public health work can be aroused and stimulated by arranging early trips of observation.

The school of nursing is responsible for giving opportunity for practical ward teaching and experience to each student before going to the visiting nurse society so that she will be a safe worker in the field.

Practical Service:

Aseptic Teaching without question.
General medical.
Surgery and operating room.
Pediatrics, including sick and well babies.
Obstetrics and gynecology.
Diet kitchen.
Communicable (tuberculosis if possible).
Nervous and mental if possible.

When the student is getting ward experience and applying her knowledge and principles, an opportunity should be provided for the student to give expression and development to her personality and innate ability.

Health teaching for the patient should be begun early by the very young student and stressed through her course.

I notice from students' reports submitted by the visiting nurse society, that this is one of the hardest tasks for the student nurse on district work; hence she needs more practice before going to the district.

The teaching in the classroom and ward should be such from the first so as to develop a scientific attitude of mind on the part of the student, to stimulate her imagination, resourcefulness, and initiative, to help to combine constructive thinking with an open receptive mind, to help her put into practice principles of mental hygiene.

Without a doubt, the case method of teaching is one of the best ways to help the student gain knowledge concerning her patient from all aspects of his life.

This method helps her to see through the stay in the hospital as one chapter in the patient's life.

The case study work should be begun early and continued throughout the training days.

This method creates interest in the patient which in turn improves the nursing care of the patient.

Not all hospitals are so located as to provide public health affiliation. If not, such sources should be utilized as clinics of all descriptions, dispensaries, and social service departments.

If visiting nurse affiliations are available the school is responsible for investigating certain factors before opening an affiliation.

The school should know that:

(1) The visiting nurse organization is sound.

(2) The staff members and supervisors are experienced people.

The terms of contract should be such as

(1) Not to bring expense or burden to individual students.

(2) [illegible]

(3) To provide theoretical teaching given by the visiting nurse society.

(4) To provide field supervision for the student.

(5) The school of nursing should inform

the students in detail before they go to the [illegible] of their responsibility in connection with the school and the work of the visiting nurse society.

(6) School of nursing should submit reports with each new student going to visiting nurse society showing theory and practical experience covered.

(7) Visiting nurse society should submit a report on each individual at close of service.

The school of nursing should assume responsibility for the nursing technic of the student.

School of nursing should be ready to withdraw from the district any student who fails to meet the requirements of the visiting nurse society.

School of nursing should give cooperation in helping maintain the uniform requirement set forth by the visiting nurse society.

School of nursing should at all times welcome suggestions and criticisms from the visiting nurse society concerning the students.

Probably there is not a better way for the students to get the best out of their affiliation and for the visiting nurse society to receive the best quality of service from the students, than to hold a conference with the representative from the school and members of the visiting nurse society.

The Responsibility of the Visiting Nurse Association[1]

In accepting undergraduate nurses for affiliation, the public health nursing organization assumes a twofold responsibility, that of (1) safeguarding the health of the community, and (2) the education of the nurse. To provide for the one without endangering the other is the same old [illegible] problem of the hospital which [illegible] a school of nursing.

[illegible] of Organization.—The first essential is a true understanding of the purpose of this affiliation. If undertaken as a means of getting the work done more economically, it is doomed to failure before it begins. But as an educational undertaking, it is a source of increasing inspiration both to the student and to the organization itself. It is agreed by authorities that the purpose is to supply the opportunity which the hospital lacks to round out the experience of the student and to give her a broader understanding of nursing—no matter what field she may enter. We all know then, what *we* wish the affiliation to accomplish and what *we* think about it. Let's ask the students what *they* think. From their replies to the question "In what ways do you find visiting nursing different from hospital nursing," we summarize the following:

(1) Difference in equipment—need for resourcefulness and economy.

(2) Increased responsibility—opportunity to apply all that has been learned in the hospital.

(3) Consideration of entire family rather than just individual.

(4) Attitude of patient in hospital and in home—need for adaptability. (a) Why patients object to hospital. Opportunity for nurse to get an outside point of view.

(5) Contact with many new kinds of situations.

(6) Direct contact with community agencies.

(7) Necessity for teaching in the home.

In addition to a sympathetic attitude, the public health nursing organization should also offer the following:

1. A service of sufficient scope to give experience in a morbidity service, acute and chronic (including communicable diseases) and tuberculosis; maternity, including prenatal, delivery and postnatal; health supervision of all ages in the home and, if possible, some experience in Health Centers.

2. A staff of workers who are actually demonstrating in the field the

[1] Prepared by [illegible], R.N.

policies of the organization according to some well standardized written procedures. The value of the affiliation depends very largely upon the quality of the staff—they are the most important teachers since the student sees them in action and gains from them her most vivid impressions.

3. Supervisors with the preparation and ability to act as advisors and teachers—to interpret to the student the experiences of their daily work and to help them to adapt the knowledge and skill gained within the hospital to the needs of the home and the community. To this group of teachers, both supervisors and staff, a student is a challenge to retain their student point of view and to start all over again with each new group of students—seeing their work with new eyes. There can be nothing "routine" in this kind of teaching.

4. An educational director, where the size of the organization admits, or at least someone whose primary interest is the student and who plans the course of instruction and the field experience. This instruction includes:

(a) A definite plan of introduction such as observation and assignment.
(b) A course of classes with assigned reading.
(c) A series of demonstrations of the various types of visits.
(d) Case conferences and case studies.
(e) Supervision through individual conference, through records and through visiting in the homes with the student.

In working out the details of the affiliation, the standards of affiliation presented by the National Organization for Public Health Nursing are of great assistance. (These were printed in the *Public Health Nurse*, August, 1928.)

Wanted by the I. C. N.

N. L. N. E. reports for 1894 and 1895 (first and second in one volume), 1896 (3rd), 1897 (4th), and 1900 (7th). Anyone who has these to spare will be giving a great gift in helping the I. C. N. complete its files. Send them either to the National League of Nursing Education, National Headquarters, 370 Seventh Avenue, New York City, to be forwarded or directly to the I. C. N., 14 Quai des Eaux Vives, Geneva, Switzerland.

The Psychiatric Bureau

THE Psychiatric Bureau in New York City reports a tripling of its personnel placement, nursing service and mental-health advisory work since its opening three years ago under the direction of Miss Adele S. Poston. Miss Poston was formerly Superintendent of Nurses of Bloomingdale Hospital, White Plains, the psychiatric department of the New York Hospital, and organized and directed the nursing services for the care and treatment of mental and nervous cases in the A. E. F.

With the growth of public interest in the problem of mental diseases, their care and prevention, there has been an increasing demand for medical and nursing services outside of institutions, and psychiatric practitioners to whom these cases are being referred find themselves frequently in need of personnel to help in carrying out treatment programs.

The Bureau has proven itself a valuable adjunct in the promotion of community and home care of the mentally ill. The facilities of the Bureau, which has enrolled in its registry more than one hundred workers from schools of recognized standing, are available not only to the psychiatrist and the neurologist but also to the general practitioner whose patients show nervous or mental symptoms requiring special care.—*From Mental Hygiene Bulletin, February, 1930.*

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

Results of Delano Week

PROBABLY in no year since the inauguration of Delano Week has greater enthusiasm and interest been aroused in this significant annual event than has been manifested this year. The week of March 12 (the birthday of Jane A. Delano) has been utilised throughout the United States for the purpose of creating interest on the part of graduate and student nurses, and the public at large, in the "Red Cross," particularly in enrollment in its Nursing Service. The reports reaching this office indicate widespread interest, as well as considerable originality in the methods used to commemorate this momentous anniversary. The local committees on Red Cross Nursing Service have usually taken the initiative, enlisting the interest of chapters and other local groups which have united to make the occasion worthy of its subject.

Edna L. Foley, Chairman, Chicago Local Committee, describes a practical demonstration in nursing procedures arranged by St. Luke's Hospital and School of Nursing in that city, one in a sequence of events of the week, concluding as follows:

Student nurses obligingly served as both patients and demonstrators, and Red Cross nurses who came a long distance felt that the evening at St. Luke's Hospital was a great privilege. People who are working in institutions daily do not realize how very helpful an evening of this sort can be to their own graduates and to numbers of other nurses working in any nursing field, public health, private duty, or institutional.

A demonstration of this sort put on for boards of directors and auxiliary boards for alumnae associations from time to time, would do a very great deal to show why certain hospital procedures require not only a large amount of supplies, but a thoroughly well equipped personnel. The cost of hospital care is better understood when one actually sees the careful detail and thoroughness which are too easily taken for granted when various treatments are ordered, either as essential for the patient's recovery or as adding to his comfort and peace of mind.

Coffee and sandwiches served in the nurses' sitting room from an attractive table in charge of Harriet Fulmer, President of St. Luke's Alumnae Association, and Mae Collins, added a very pleasant touch to an evening that was a fitting commemoration to the founder of the Red Cross Nursing Service, who was herself as hospitable as she was efficient.

We are sorry that space does not permit us to continue the description of other interesting events. There were pageants and plays, rallies and processions, when hundreds of nurses, graduates and students, participated, teas and receptions, study groups in the schools, and many unique features, all combining to focus attention upon the Red Cross and its humanitarian purposes, as well as the life and service of Jane A. Delano. Increase in applications for enrollment indicates that these commemorative observances are bringing desired results.

Dr. William Henry Welch's Eightieth Birthday

ON April 8, a large and distinguished group, headed by President Hoover, of men and women, physicians and nurses, social workers, scientists and others, gathered in Memorial Continental Hall (D. A. R.), Washington, to honor Dr. Welch on

his eightieth birthday. It was an impressive and elevating occasion, calculated to make one feel very small and humble, especially if inclined to feel that life has not treated one particularly kindly. Hale and hearty, Dr. Welch, always a good friend to the nursing profession, stepped forward and in his characteristic manner, genial and gracious, replied to the President and others who had preceded him, talking in a simple way of his work and his connection with the great minds in medicine:—

"The greatest triumphs of modern medicine have been in the prevention of disease [illegible]

But, my friends and hearers, it is my inclination, even at fourscore years, to look forward, rather than backward, [illegible]

[illegible]

As my [illegible]

[illegible]

While nothing can be more hazardous than to attempt to predict the directions of future discovery and progress in the biological and medical sciences, it requires no prophetic gift to be confident that with the unfolding of the knowledge of [illegible] will come increased power to relieve human suffering, to control disease, to improve health and thereby add to the sum of human happiness and well-being.

Bulgarian Red Cross School for Nurses

We are always delighted to hear of progress and satisfactory results obtained in any school of nursing. We have been particularly gratified, however, with the progress that has been made by the Bulgarian Red Cross School of Nursing, which was started under the auspices of the American Red Cross by Red Cross nurses. Many American nurses have become acquainted with representatives from this school who have visited this country for the purpose of taking post-graduate courses in nursing. In a recent report from Nevena Sendova, who spent nearly two years in the United States and who is now the Director of the School, we learn of many interesting things that are happening in nursing in that country. For example—we hear that she is preparing to leave the school for the purpose of acting as Supervisor of Nursing Education and other nursing activities under the auspices of the government, and that she is "hurrying to get things in shape" so that she can leave on short notice. She tells about the last annual meeting of the Bulgarian Nurses' Association, and of the many interesting [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. That refreshing courses for the nurses be arranged through the P. H. D.

5. That only nurses who have had at least two years' hospital experience be accepted in the Health Center for public health nurses.

6. That only members of the organization be recommended for private duty.

7. That the members take the magazine "[illegible]" at heart and help to increase its number of subscriptions.

8. To write to the Ministry of Labor and ask for scholarships for nurses. (This last resolution was taken because I was told that the Ministry of Labor had funds for such purposes and that it will help us if we only ask for it.)

She informs us that she has been elected President for the coming year, and that Miss Madjrakova, who has also studied in Canada and in this country, has been appointed Secretary, also that Miss Pashodjieva, who spent a year in postgraduate work at Teachers College, is on the Advisory Committee. There are sixty-one students in the school, with a faculty of fourteen graduates, including the Director, Assistant Director, two nurse instructors, supervisors and head nurses. All of the students receive forty lectures in public health nursing, and the majority have three months' practical experience in the Health Center. If, however, they wish to qualify as public health nurses they must take a six months' course which has been arranged at the Health Center.

A few years ago there was no modern school of nursing in all Bulgaria. There were, however, Sisters of the old Russian system. There was no national society, no nursing publication and no international affiliation, as well as no public health nursing. [illegible] the Bulgarian nurses [illegible] so firmly for their ideals and high standards, have been able to accomplish so much in so short a time.

Enrollments Annulled

THE enrollments of the following American Red Cross Nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annuled: Mrs. Alma Caroline Cady, *née* Carlson; Elizabeth Cameron; Mrs. R. L. Canaday, *née* Ruby J. Johnson; Alice Blanche Canode; Mrs. Marguerite Caplan, *née* Hummel; Mrs. William J. Carey, *née* Candace Belle Arrants; Margaret Elizabeth Carney; Mrs. Thomas Cassin, *née* Clara Margaret Winkler; Mary M. Chamberland; Mrs. Lee Champion, *née* Alice Marion Carr; Mrs. F. W. Clark, *née* Agnes Grace Leslie Pritchard; Mrs. Byrd Clark; Mrs. Claude Clow, *née* Rose A. Neiser; Bessie R. Cobben; Anna M. Collins; Mrs. Pauline Compton; Mrs. Mabel Viola Cooley, *née* McNabb; Frances D. Cooney; Edith Lenore Corbett; Alice B. Corrigan; Ethel Fern Cotter; Ellen Margaret Coughlin; Florence N. Crane; Mrs. Nina Crary, *née* Highland; Mrs. Caroline Duke Crison, *née* Lacy; Helen L. Cronk; Mrs. Amy Bell Courch, *née* Fulgham; Mrs. Lillian Maud Cruickshank, *née* Little; Frances Marie Daley; Mrs. G. W. Davison, *née* Mary Beatrix Doty; Lottie A. Dee; Helen Marie DeLancaster; Mrs. John M. Dickey, *née* Frances Marsh; Jessie Dickson; Alvina Dierkesmeier.

"Policing the Mouth" is a thirty- to forty-five-minute popular film strip or lantern slide lecture on biologic cleanliness prepared for use by physicians, nurses and other qualified health workers with adult groups. It is based on the fact that most communicable disease organisms enter the human body by way of the mouth and nose. The forty-five pictures and accompanying text present the problems of clean air, drinks and foods; of utensils and food handling; of customs in foreign countries; and of personal habits in relation to health.

The manuscript and slides or film strip are loaned free, postage to be paid by user; shipping weight, fourteen pounds. Each user is requested to report back information and criticisms on forms supplied. Cleanliness Institute, 45 East 17th Street, New York City.

Our Contributors

We have been extraordinarily fortunate in enlisting an interest in *Journal* readers on the part of Dr. Tracy Putnam of the Harvard Medical School and Boston City Hospital. Dr. Putnam was for some time associated with Dr. Harvey Cushing.

Mary Young [illegible], R.N., graduate of the Peter Bent Brigham School of Nursing, is Special Neurological Supervisor at her home hospital. As head nurse, and also through specialing Dr. Cushing's patients for a period of ten years or more, she has accumulated an invaluable body of knowledge, as her article clearly shows. We believe our readers will consider our pride in Miss [illegible]'s paper justifiable.

Mary E. Pillsbury, R.N., M.A., widely known for her *Nursing Care of Communicable Disease*, is Director of Nursing at the Jewish Hospital, Brooklyn, N. Y.

M. Cordelia Cowan, R.N., M.A., again generously shares her thinking with her colleagues in nursing.

Virginia Boyer Miller, R.N., B.S. (University of Washington), has recently become Instructor in Bacteriology, Cook County School of Nursing, Chicago, Ill.

Kathryn E. Kennedy, R.N. (University of Michigan School of Nursing), is Instructing Supervisor, Medical Service, at her Alma Mater.

Olive Slade, R.N. (School of Nursing and Health, Cincinnati University), is the Superintendent of Nurses at the Presbyterian Hospital of Porto Rico.

Dr. John C. A. Gerster is Chairman of the New York Committee of the American Society for the Control of Cancer, Inc. Through his influence we are fortunate in securing the paper by Dr. Robert E. Kennedy, who is a member of the staff of the New York Skin and Cancer Hospital.

Marion Kitchell, R.N., Supervisor of Student Practice [illegible], Visiting Nurse Association of Chicago, has shared with us some of her valuable experience.

The sympathetic and hopeful tone of the paper by Dr. Edward M. Bridge (Department of Pediatrics, Johns Hopkins School of Medicine) should arouse a new interest in the whole subject of the care of epilepsy.

Elizabeth M. Grummon, R.N., Chairman of the Legislative Committee of the Filipino Nurses' Association, is Superintendent of Nurses at the Mary J. Johnston Hospital, Manila, P. I.

Ella Best, R.N., M.A., of the faculty of the Cook County Hospital School of Nursing and an ardent worker in the First District of the Illinois Association, prepared the brief sketch of Mrs. Van Frank.

Philip D. Jordan, B.S., M.S., Instructor in Philosophy, Long Island University, says his paper on orientation courses is the outgrowth of conversations with an eminent nurse superintendent.

Marion Rice, A.B., S.B., R.N., is Director of the School of Public Health Nursing, Simmons College, Boston, Mass.

The Public Health Aspects of Heart Disease

MANY persons with chronic heart disease, the U. S. Public Health Service recently pointed out, maintain a fair condition of health for years under favorable conditions. A diseased heart, however, performs its work under a special handicap requiring increased exertion. The exercise of a muscle within healthful limits is followed by increased size and power. However, there is a limit to the ability of a muscle to accommodate itself to long continued and increasing strain, and if subjected too much to overstrain it becomes weaker, thinner, and less able to function. In the case of heart muscle, the increase in size and strength in response to the greater demand on the energy in diseased conditions is called "compensation." The process of thinning, with lessened ability to function is called "decompensation," which is characterized by breathlessness, pallor, and rapid pulse on slight exertion. The treatment of heart disease depends largely on the presence or absence of symptoms of decompensation.

The actual treatment depends on the classification and symptoms:

1. Limiting physical activities.
2. Avoiding emotional excitement.
3. Rest in bed for a prescribed number of hours each day.
4. Avoiding the use of drugs except under the supervision of a physician.
5. Improving nutrition by attention to the diet.

—From *Health News*, of the U. S. Public Health Service, December 15, [illegible].

Student Nurses' Page

Some Obstetrical Customs

BESSIE COLOMB

Touro Infirmary School for Nurses, New Orleans, La.

OUR hospital has an out-patient service for colored maternity patients. On this service the nurses assist at deliveries and give postpartum care to the Negroes who do not enter hospitals. During my service I have observed with much interest many customs to which they cling most tenaciously. I have been curious to find out about the whys and wherefores, but when questioned they seemed quite hazy. These customs seem to have been passed down from one generation to another without any rhyme or reason, except that to violate them would incur some terrible "something" on the mother and her offspring.

Well do I remember the look on an old Negro's face when I called for a tub of water and announced that I intended to bathe the patient. Finally she said, "You ain't gonna bathe her feet, is you?" I said, "Yes, why?" "Well," she said, "I'se always heered said that water mustn't touch de feet till they's out de baid." I asked her why, but she shrugged her shoulders and said the "old folks" always said it was bad for water to touch the "feet and *haid* while they was in the baid." But her daughter lived through it without any mishap, and I guess she is converted, although I don't know yet the reason for the superstition.

At one delivery there was an array of colored rags prepared as pads for the patient. When asked why, one woman told me she had always heard said that it kept the flow down. Many times since I have seen bright-colored pieces of cloth against the perineum, and, although I explained that the dye in such cloth might contain poison, I suppose they continued, after my visits were finished, to regulate the flow with color.

Practically all patients are kept absolutely in the dark for the ten days following delivery. No amount of persuasion will keep them from pulling down the shades or tacking newspaper over the windows. Several have explained that the eyes of mother and babe are stronger if they don't see the light for ten days. Whether they progress gradually from darkness to light I cannot say, but ten days of darkness they certainly do ensure, and I get many looks of disapproval when I unhesitatingly let in the light. I have hardly finished my work and arrived at the front door before hearing the shade being pulled down again.

At many deliveries we find a bottle in the patient's bed. This, it seems, is the best method of expelling the "afterbirth." I tried blowing in a bottle to see what effect it would have. If it is done right, it does have the same effect as the pushing or bearing down

that the patient dies during delivery. I have wondered since if it might not be more generally useful as a bleeding-down apparatus.

In many beds we find scissors, knives, and forks, or just knives. One old woman seemed quite put out when asked about them. She said, "Ne'er mine, I put 'em there 'cause I'd a mind to, and thas all." At another house the ready reply was: "Sho' I know; they's to cut de labor pains down."

If the baby gets hiccoughs, take a broom straw, stick it lightly through the kinky hair and presto, the hiccoughs will stop!

Going in to one of our patients one morning we were greeted by the sister-in-law who told us she had already bathed the patient. "But," she said, "I ain't touched the baby cause I'm menstruatin', and folks say it causes the baby to have strainin' if you touches 'em when you is." I asked what "strainin'" was and she replied, "Loose bowels." "Well," I said, "what do you do if someone, who is, does touch them?" She explained that she didn't know what to do if they did touch the baby and it got "strainin'," but [illegible] against all such was to tie something black around each ankle and each wrist, so that if someone did, nothing would happen. She said she didn't know why that would prevent it, but it would.

If the baby's teeth do not come out on schedule time, make a necklace of Jerusalem seed and hang around the neck. The teeth are supposed to come through then without any delay.

If a baby is born with the cord around the neck and the doctor happens to [illegible] the baby, [illegible] standing, and there are always by-standers, will say, "[illegible] I tole you not to hang them curtains."

One woman calmly explained to me that all her babies were born with the cord around the neck because the electric lights in her house were so high.

The most prized of all these customs is to "save the veil." The baby born with the veil is supposed to be gifted with "seein' spirits." Midwives dry and keep the veil and they foretell the weather and discern some changes by looking through it; they also believe they can look into the future.

If the cord drops and is buried under a rosebush, the baby will grow to be beautiful,—this is "specially" where girls are concerned.

Concerning the diet, meat, fish, and oysters are taboo until after the baby is weaned. One woman said, "Yas ma'am, I knows better than to give her any fish and oysters." But no answer, only a knowing look, when asked why.

One day while attending to a baby, I said to the nurse with me, "The cord is off." The old grandfather standing by said, "Well, thas good; now I can carry the axes." I followed him into the kitchen where I saw two large [illegible]. He merely shrugged his shoulders, smiled, and shook his head when asked for an explanation.

The only custom I can see any legitimate reason for is dressing the cord with soot. This, of course, is pure carbon and is really the only disinfectant that was to be had in the early days of [illegible].

Some day explanations may be found, but [illegible] not of."

Questions

To whom does the white uniform belong? We always thought it belonged to nurses only, especially those who worked and studied for three years and passed state examinations. To our amazement, as we ventured into a clean, well-managed restaurant in an apparently good residential district of Chicago, we found waitresses wearing, not Hoover aprons or other waitress aprons, but white nurses' uniforms. We wonder if this is fair to our profession. When waitresses with common school education are qualified to wear uniforms, why is it so essential for us to be high school or even college graduates before being considered for work?

E. J. AND C. O.

Chicago

Even though a white uniform for nurses were patented and so protected by law, it would be impossible to prevent waitresses and others from wearing garments so nearly like the one protected by patent that few observers could distinguish between them. The uniform dress of the graduate nurse is not a badge of fitness or of education. It is a garment worn primarily for its suitability. The nurse's school pin, her diploma, and her registration card from a State Board of Nurse Examiners (some states have R.N. pins) are her professional credentials. It is unfortunate in this instance; "imitation is the sincerest form of flattery," for it is the utility and not the tradition of professional dignity that is copied.

At the November meeting of the private duty section of the Detroit District of the Michigan State Nurses' Association the following questions were presented for discussion:

(1) *Is it fair that nurses who are married and supported go on the registry, leaving fewer calls to the nurses who are entirely dependent upon their income from nursing?*

The discussion revealed the following points: that as long as the married nurse meets the requirements for eligibility to membership on the registry she is entitled to this membership. When she becomes a member on the registry she must be given the same consideration that other nurses are given. The question of the married woman working has been long discussed in other groups such as teachers, social workers and other professions. The consideration is no longer marriage *or* a career, but is today marriage *and* a career. The American Teachers' Association, after many years of argument pro and con on this question, are giving the married teacher the same status as the unmarried teacher, even to the point of giving her "maternity leave" and allowing her to hold her job and resume her duties as soon as she is able. On general principle, therefore, the question cannot be determined by discriminating against the married nurse. The Private Duty Section appreciates that some of the local hospitals classify the nurses, giving (everything else being equal) their unmarried nurses the preference. These hospitals concern themselves as well with the married nurse who has serious family responsibilities. *Our private duty nurses have expressed themselves as hoping that the married nurse who is having an income, will withdraw from the registry during the dull season and offer her services only when there are plenty of calls coming in.*

(2) *Would it be possible for the private duty nurse to be paid the $1.50 a day for her meals by the patient instead of the patient paying this sum to the hospital office?*

Cannot the hospitals arrange their meal service so as to better accommodate the night special nurse?

When the hospital has an early supper and the night nurse has some distance to go, she is losing considerable time in order to take advantage of the hospital meal. If she feels that it makes her working day too long, she must buy the meal herself, which she can hardly afford to do. That the nurse should be paid by the patient directly to cover the expense of her hospital meals, some of the members had been told would not be practicable or possible. It was urged by the members present that more information be secured. The nurses in general agreed that with the hospitals where little consideration is given the comfort of the night nurse, this question be referred to the board of directors of their professional organization and brought to the attention of the hospitals concerned.

The Open Forum

[illegible]

Proposed—a Memorial to Army, Navy and Red Cross Nurses Who Served During the World War

To perpetuate the service of the American nurse in the World War, it is proposed to place the portrait of a nurse in the American Legion Memorial Building in Paris, recently dedicated by the National Commander of the American Legion. The portrait of Jane A. Delano has been selected to represent the valor, sacrifice and service of the American nurse in the World War. Miss Delano's active work with the American Red Cross extended over a period of ten years, from 1909 to the time of her death in France, 1919.

A portrait to be accepted for this building must be the work of an artist of recognized ability, as [illegible] it is a genuine work of art.

The Jane A. Delano Post No. 6 of the American Legion, Department of District of Columbia, is sponsoring the movement for the raising of this fund, and though they do not expect to raise the sum of [illegible] which was required for the portrait of [illegible], yet they do hope to secure [illegible] to procure a portrait of which every World War nurse will be proud.

As this tribute is one in which Red Cross as well as Army and Navy nurses are [illegible] interested, the Post urges that all contributions [illegible] as soon as possible. Make out a check or money order to the "Jane A. Delano Portrait Fund" and mail it to Marjorie [illegible], Commander Jane A. Delano Post No. 6, 21 Fairfax Place, Clarendon, Va.

A Message of Contentment

In [illegible] I [illegible] if you [illegible] [illegible] love [illegible] beauty. [illegible] filled me with love back of it. How glad I am that my feet go swiftly to obey my patients without bidding, my plain hands are willing to minister in tenderness to a fellow creature's need. [illegible] my eyes [illegible] the light of an [illegible], so those who suffer shall [illegible] I feel the sharpness of their pain. True, I do have some disappointments, but they are in the minority. We know beauty does not die except for lack of love and, when [illegible] love, [illegible] takes on a different color [illegible] with us who love it, for to us it gives [illegible] worth while things, such as happiness and work. All [illegible] comes from play that is [illegible] in work.

I am not anxious for the morrow. When God shall have no further need of me, when other feet and other hands shall minister where mine no longer may, then I hope God will grant me the sweet and happy rest of heaven.

E. M. B.

New York.

Suggestions Invited

I AM anxious to hear from the private duty nurses. I believe it will be very interesting and instructive to put down on paper some of our [illegible] experiences. We had a cooking school at our Community Center in January, where we learned that "people eat with their eyes." How much more do sick people! My own patient had [illegible] and [illegible] of [illegible], so it was easy to plan her meals. [illegible] would stand around the table to watch me and see [illegible] [illegible] of [illegible] of [illegible] the [illegible] the [illegible] [illegible] to [illegible]

[illegible] and, above all, tempting. Beverages may be made snappy by the addition of ginger ale if permitted, and flowers, such as nasturtiums, sweet williams, violets, or bits of fruit [illegible], may be frozen into the ice cubes. [illegible] glassware, dainty, crackled or frosted, makes the tray more pleasing. Fruit eggnogs, [illegible], egg malted milk, iced fruitades, have a better flavor if sweetened with syrup.

[illegible]. M. E. B.

A Comparison

HAVING had six months' general floor duty in a Western hospital in 1920 and eight months in an Eastern one in 1929, I find that conditions have not improved. We surely lose private duty attitude, as we must rush everything through in a slam-bang way; checking off of duties assigned us seems more important than the care of patients. I have seen nurses check off treatments that were never given. The Western hospital, ten years ago, assigned each nurse an average of three patients, sometimes four. We gave private room patients a bath every other day; ward patients, two a week. Maids carried out the soiled linen, took care of flowers and gave patients water. We had table service, good meals, plenty of fruit. The superintendent of the hospital would inspect the dining room once a week, while meals were served. We had a whole day off each week, which was an advantage over the Eastern hospital, which gives two half-days. In the Eastern hospital each nurse is assigned three to seven patients. In some wards you carry out all the treatments; in others, only medical treatments. Cleaning beds, carrying mattresses, changing covers, washing beds and bedside equipment, cleaning utility room, emptying bags of soiled linen are undignified work for a nurse, whose time should be spent doing things that make a patient more comfortable.

The eastern hospital has cafeteria service, which is very trying after being on your feet all day, often standing in line fifteen minutes. The meals, meat and starches are [illegible], very little fruit and fresh vegetables. [illegible] must stop and clear the table, [illegible] to place your meal, which is not [illegible].

[illegible] better living rooms in the Eastern [illegible] but very poor beds, mattresses about [illegible] thick and small scraps of blankets [illegible]. Bed linens are clean.

[illegible] A Private Duty Nurse.

[illegible]

What I Like about General Floor Duty

REGULAR hours—no waiting for telephone calls, as when doing private duty. More time to take care of health and personal affairs. The active life, not sitting around so much, as when doing private duty. Going to bed with your mind at ease. Keeping out of a rut, and one is constantly learning new ideas.

A Private Duty Nurse.

Floor Duty

WE have been much encouraged by the improvement in the quality of our general duty floor staff. Nurses come to us from practically every section of the country. We require recommendations, one of which must be from the applicant's own school, registration in the state from which she comes, and a doctor's certificate of health. Our first appointments are for six months. Our salary schedule is $80 per month and full maintenance and three weeks' vacation on salary; or $120 with meals and laundry and the same vacation, for a fifty-two-hour week. At the end of the first six months' period, if the nurse's work has been satisfactory, we offer her the choice between a second six months' contract or a year's contract. The latter carries with it a $2.50 increase per month, a four weeks' vacation on salary, and, whenever possible, a choice of service. We have found that the contract for a specified time has eliminated the so-called traveller, and has given the more stable nurse a certain sense of security and satisfaction. Each new nurse is sent, if possible, to the open or teaching wards, where her work is carefully supervised. If at the end of six months she has demonstrated her capability and is willing to remain a year, she is given the choice, in case of vacancies, of the special services. Socially, we have made a concerted effort to assimilate the stranger and we have tried to develop a group consciousness. We have a graduate organization to which all those on year contracts are eligible as members. Those here for six months are regularly invited guests. The older group also act as "big sisters" to the newcomers. As soon as a nurse arrives, someone from this organization is called to the nursing office to meet her and to take her to the dormitory, where she is introduced, etc. Once a month this organization has a tea which the members of the staff make a point of attending. All matters which might interest or concern the group are presented to them through their own organization, which

functions very much as does our Student Government Association.

Ohio. L. M. G.

The Census

THERE seemed to be some misunderstanding among the census enumerators as to the listing of nurses who have professional education and the nurses who have not, which was brought to my attention on the second day of the count. I immediately took my *Journal* down to the Census Supervisor, who directed that letters be sent out from his office to all enumerators that afternoon, bringing to their attention the importance of correct listing. He wished to keep the *Journal* for reference. In my interview with the Census Supervisor, telling him why we were anxious to be classified correctly, he said, "Do you mean to say that anyone who wishes may go out as a nurse, without even having prepared herself for such work and without being licensed by the state?"

Missouri. C. A. W.

Too Many Nurses Here

AT the last meeting of District 7, El Dorado, it was decided unanimously that steps be taken to notify visiting nurses of the serious problem of unemployment for nurses here. This information may save them considerable money.

Arkansas. MRS. VERA MAYFIELD, *Secretary.*

How We Use the Journal

I

OUR Seniors have subscribed for the *Journal*, and we have recently formed an American *Journal* Club in which we have enrolled sixteen of our Freshman students. Some of these students are taking the *Journal* themselves and some have grouped together to take it. Our *Journal* Club meets once a month and the students review three articles in the *Journal*. We try to select one which has to do with progress in nursing, one along some medical line and one article which will prove of cultural value such as the articles you publish on art or literature. The students have their club organized, and the Program Committee appoints members to review the articles for each meeting. They enjoy meeting a great deal, and their April meeting was held out in the park, the reports being followed by a picnic. We hope by next fall to increase the enrollment from sixteen to thirty or forty members.

Missouri E. M. P.

II

SEVERAL of our junior classes are taught by doctors and, though they are very conscientious about coming on time, sometimes tardiness can't be helped, and that is when we have the *Journal*. Yesterday it was twenty-five minutes, and we put in all the time on that April report of the Grading Committee.

Ohio. L. D. W.

Journals Wanted

THE Postgraduate School of Nursing of the Woman's Hospital, New York, desires the following copies of the *Journal* (Address M. Cordelia Cowan, 141 West 109 Street, New York): Complete volumes of 1900 through 1907; 1908, October through December; 1909, October; 1910, January through July; 1911, February; 1913, October through December; 1914, January through August; 1917, October through December; 1918, January, May through September; 1922, January, April through June, September through December; 1923, April, May, September through November; 1924, November; 1925, January through September; 1926, February through May; 1930, January.

Emily J. Hicks, Executive Secretary, New York State Nurses' Association, 370 Seventh Ave., New York, will pay postage for the following copies to complete the office file: 1902, all but September; 1903, all but May; 1904, all but December; 1905, 1906, 1907, all; 1908, all but August; 1909, all; 1910, January through May, September, November; 1911, February, September through December; 1912, September, October; 1916, September; 1917, March through June; 1919, May and December.

Journals on Hand

THE Postgraduate School of the Woman's Hospital, New York, has copies of the *Journal* to sell or exchange (address M. Cordelia Cowan, 141 West 109 Street, New York): 1923, August; 1924, January, March, April; 1926, April through October and December; 1927, January, October through December; 1928, January, October through December; 1929, March through December.

Josephine Boland, Presbyterian Hospital, Denver, Colo., has the following copies that she will give for the cost of mailing: 1925, November; 1926, June; 1927, December; 1928, February, May, June, October through December; 1929, April, May, July, September.

Miscellany

Reminiscences of Forty Years in Hospital Work

COMING to Oregon forty years ago to establish the first training school for nurses in the Northwest, I found myself one of three graduate nurses in a city of 70,000 people and entering a hospital of less than fifty beds. The Good Samaritan Hospital was a two-story frame building in those days, situated six blocks from the end of a street car line. The place looked small after the rambling buildings of Bellevue. I had plenty of courage, but needed it. For six long months I was very homesick for the East.

In addition to being superintendent of nurses, I was the floor nurse and operating room supervisor, and in my leisure moments did any necessary work—sewing, cleaning, painting, etc.—that there was to be done. We all worked and no one grumbled, not even at the end of a perfect day of twelve to sixteen hours of labor, for there were no hours off, and sometimes no afternoons off, in our schedule.

Our school of nursing, known at that time as the training school, started with five nurses, three of whom were on the hospital force at the time the school opened. All classes were held in the evenings. As instructress of nurses, I would have enjoyed spending in sleep the time devoted to study, as would the tired students who had worked all day, but we had our hours of anatomy, physiology, or materia medica as expounded by our small textbooks.

The nurses roomed in a dormitory near one of the women's wards, and the superintendent's quarters were over the same wards. We were always short of help. One of the three graduate nurses in the city was a charming well educated woman and a fine nurse, constantly in demand, doing twenty- and twenty-four-hour duty at $3 a day, but in the hospital no one ever had a special nurse on any kind of case. It simply was not done. The superintendent of nurses was on call at all hours and for the first year I never knew what it was to have a whole night's uninterrupted sleep.

Our first operating room had a double window at the end and a single one at the side. Mrs. Wakeman conducted the first operation after my arrival, and my Bellevue training of even that period received a shock. She described an operation she witnessed in another hospital, where she was impressed with the convenient place used for the threaded surgical needles. They were stuck in the window shade! Our needles were run in a piece of bandage and boiled with the other instruments, or "carbolized." The cold water used was boiled by the night nurse. Each kettle had to boil for fifteen minutes and was then emptied into a large covered granite can. The hot water was boiled in the diet kitchen and was carried in large porcelain pitchers covered with bichloride towels.

The field of operation was vigorously scrubbed and rinsed and washed in bichloride. We never felt that the patient's skin was properly cleansed until it was red from the scrubbing. After this the field was covered with towels soaked over night in a 1–1,000 bichloride solution and wrung as dry as possible. Every surgeon irrigated, using a rubber bag which had previously been sterilized by boiling. Not only the field of operation but all of the assistants at the operation were irrigated at the same time, and clothing and shoes had to be changed after a morning in the operating room. Mops were used to get the water from the floor, sometimes during and always after an operation. The solutions of bichloride were kept in gallon bottles; 1–1,000 solutions were stained blue, and 1–3,000 red.

The gauze was unbleached. We bleached it with chloride of lime, rinsed it thoroughly, boiled it, and shook it dry. From gauze prepared in this manner we made our iodoform gauze, which was used in dressing wounds, with a bountiful sprinkling of iodoform powder beneath it. In making this dressing, the gauze was dipped into a mixture of glycerine and iodoform and laid folded on a clean towel; then more iodoform powder was rubbed into the meshes. Naturally, the nurse who had charge of the iodoform gauze was not very popular with her neighbors on account of the odor. Often we used sea sponges, which had to be thoroughly washed and bleached with permanganate of potassium and oxalic acid.

At each operation one nurse was assigned as

[illegible]

Sunday was our busy day for operations. It was the only day that the doctors did not schedule for office hours—and there was no golf!—Emily L. Loveridge, Superintendent, Good Samaritan Hospital, Portland, Oregon, in the *Bulletin of the American Hospital Association*, April, 1930.

Course in Public Health Nursing at Washington University

THE distinguishing feature of the course in public health nursing at Washington University is that it is a department in the School of Nursing of which Claribel A. Wheeler is the Director. Miss Wheeler's keen desire to offer her five-year students the course in public health nursing as an elective for their fifth year, [illegible] interested and [illegible] the [illegible] for establishing the course. The [illegible] Mr. and Mrs. George O. Carpenter of St. Louis, generously contributed the funds necessary to establish the course for two years.

The academic entrance requirements for admission are the same as for admission to other departments of the university. In addition, the applicant must be either a Washington University fifth year student in the five-year course in nursing, or a graduate registered nurse, eligible for active membership in the National Organization for Public Health Nursing.

The field experience, given during the second semester, has been provided by the St. Louis Visiting Nurse Association, the Municipal Visiting Nurses of the St. Louis Division of Health, the Division of Hygiene of St. Louis Public Schools, the St. Louis Provident Association, and the St. Francois County Health Department cooperating with the Missouri State Board of Health. During the semester of field work, the students carry only four hours of classroom work.

The students have access to the general library of Washington University, to the School of Nursing Library (where the references on public health nursing are filed), to the Medical School Library, which is just across the street, and to a branch of the St. Louis Public Library, which is only two blocks from the School of Nursing.

Eight students have taken the course in public health nursing this year. Four of these students will be candidates for the B.S. degree in Nursing this spring.

The fees during the first semester are the same as for other university students, $125. The fees for the second semester are $50, since the students are carrying only a few hours of classroom work at the university.

The Colorado Nurse

THE first issue of the *Colorado Nurse* is packed with interesting information. The plans for the Department of Nursing Education in the Colorado [illegible] College, which [illegible] will [illegible] plans for [illegible] Colorado. [illegible]

[illegible] long and healthy life, and serve as every good nurse should."

So say the editors of the *American Journal of Nursing*.

Abstracts

The Treatment of Intestinal Tuberculosis with Codliver Oil and Tomato Juice: M. McConkey. (*The American Review of Tuberculosis*, May, 1930.)

It seems probable that the symptoms in intestinal tuberculosis are dependent in some way on the calcium metabolism. Thus, relief of intestinal symptoms is often almost immediate when calcium chloride is given intravenously, and the same relief occurs in a few days or weeks under ultraviolet radiation, or when the patient is being treated with antirachitic substances, such as codliver oil, together with orange or tomato juice. Of course it is impossible that any appreciable change in the intestinal lesion can occur in so short a time; in fact, unhealed ulcers have been demonstrated at autopsy in patients who, during life, were entirely free from intestinal symptoms. It is possible that the treatment effects some change in the calcium metabolism which brings about immediate relief of symptoms, and that the increased appetite and improved nutrition which follow the relief from intestinal symptoms allow the ulcers to heal. Experimental work lends weight to this theory. We found that it was necessary to have a deficiency of vitamin C in the diet before we could produce ulcerative intestinal tuberculosis in our experimental animals by feeding them tuberculous sputum.

The method of administration is simple, and few patients object seriously to the remedy when it is properly given, but attention to detail is important.

Three ounces of tomato juice are placed in a glass about half the size of an ordinary tumbler. On the surface is floated one half-ounce (a large tablespoonful) of codliver oil. The whole is served ice-cold immediately after meals. The patient should be told that the unpleasant eructations savoring of codliver oil may be experienced for the first week or so of treatment, but that they will not be noticeable thereafter.

[illegible] biologically tested codliver oils have [illegible]. The tomato juice may be prepared by passing the contents of an ordinary can of tomatoes through a sieve, and [illegible] the strained juice is now ready to serve. Either product is suitable, but will ferment even in the icebox if kept longer than twenty-four to forty-eight hours after the can is opened.

The juice of an average sized orange is entirely satisfactory as a substitute for the three ounces of tomato juice in homes where fermentation cannot be avoided.

Conclusion

1. The addition of codliver oil and tomato juice to the ordinary hospital diet is adequate treatment for intestinal tuberculosis complicating pulmonary disease.
2. The method is simple, inexpensive and without contraindications.
3. It is at least as effective as artificial heliotherapy.
4. It is useful in the after-care of radiated patients who would otherwise be unable to continue treatment at home.
5. The method may prove a means of preventing intestinal tuberculosis in many cases.
6. Patients with tubercle bacilli in their sputum who present either definite or questionable evidence of intestinal disease should be given adequate treatment before their lesion reaches a hopeless stage.

Should a Hospital Employ a Practical Nurse in Its Dispensary? *The Modern Hospital*, January, 1930.

A physician has suggested that the hospital on which he has a staff appointment might employ practical nurses rather than graduates in its dispensary, following the example of an industrial concern by which he is employed. The practical nurse has a distinct usefulness in the care of the sick, and in certain types of cases she is able to fill every need. The possession of an "R.N." does not always guarantee tact and a high degree of scientific and practical ability, yet these qualities are much more likely to be found in the possessor of such a degree than in the so-called practical nurse. To be sure, the bulk of hospital nursing is done by students who are in the earlier stages of their course and frequently less able to care for the sick than is the practical nurse.

From the standpoint of efficiency, it would seem that no hospital dispensary should consider employing other than graduate nurses.

In reality there exists a wide gap between the professional nurse and the one who has had no course of training.

From a legal standpoint, the hospital might not be any more likely to be involved in claims, but such claims might be less likely to arise where the nurse had received the greatest possible amount of training. An industrial concern which employs practical nurses in its dispensary might get good service from them, but there is a likelihood of compensation claims arising because a high grade of nursing service had not been available.

Blood Transfusion: Osborn A. Brines, M.D. Fatal Post-transfusion Reactions. (The *Journal of the American Medical Association*, April 12, 1930.)

Conclusions

1. In a series of 4,000 transfusions of unmodified blood, the mortality was 0.05 per cent.

2. Incompatibility of blood was apparently not a factor in the production of these reactions.

3. Cross agglutination of the blood of the donor and that of the recipient is superfluous provided the direct matching is properly done.

Patients' Motives: George S. Stevenson, M.D. Why Patients Consult the Gastro-Enterologist: Motive and Attitude of One Hundred and Fifty Patients. (The *Journal of the American Medical Association*, February 1, 1930.)

Patients through their complaints express hidden motives that must be recognized if support and cooperation are to be secured. They have emotional or life problems that result in attitudes actively influencing a plan of treatment. Often the unexpressed problems of the patient are more serious than the physical problem complained of.

It is possible, by taking time and allowing the patient to talk, to reveal hidden motives and emotional problems, and the use of these facts in handling the patient is a big factor in the art of medicine.

Psychiatry can probably make its greatest contribution to medical education by making it available to the medical student in a way that will influence his everyday course. Such an achievement in medical education, however, must come through practice carried on as the psychiatrist by physicians in other fields, and by avoiding a separation of the patient in bedside teaching into mental and physical.

Standard Sizes for Institutional and Hospital Cotton Textiles

IN June, 1927, a general conference was held at the U. S. Department of Commerce of representatives of manufacturers, distributors, and consumers of cotton textiles for hospitals and institutions. The project in view was a simplification of the sizes of these products resulting in the setting up of a standard which should be desirable for economy and for service. At this time a standing committee was appointed to receive all comments and suggestions and to recommend annual revision of the recommendations adopted at this meeting.

On March 27, 1930, this committee unanimously recommended to the Division of Simplified Practice of the Department of Commerce that a single standard of 108-inch torn length be adopted for sheets, and also recommended the adoption of hems two inches in depth for top and bottom of such standard length sheets.

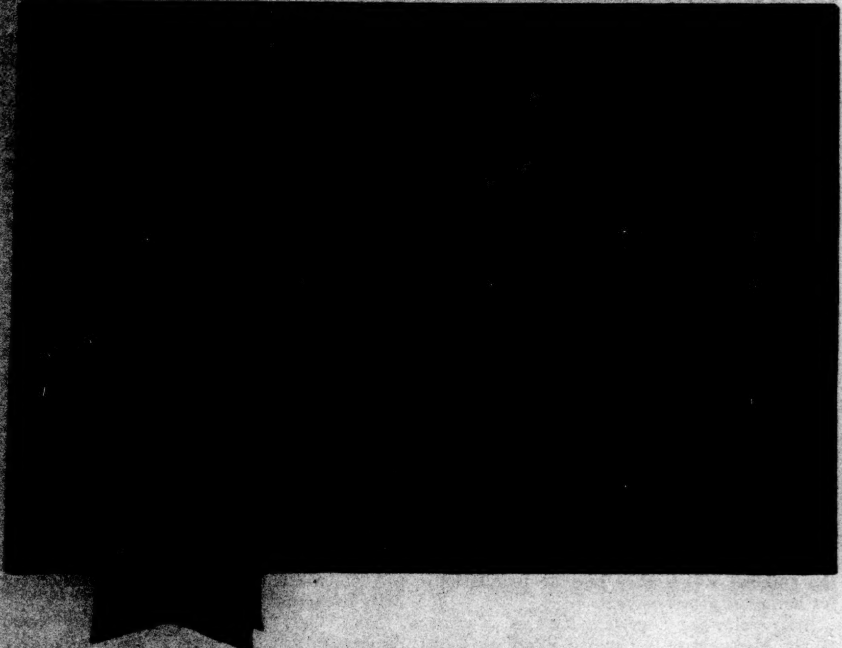
These recommendations were based on answers to inquiries sent to members of the American Hospital Association, Associates for Government Service, The General Federation of Women's Clubs, and the Y. M. C. A.'s of the country. Ninety per cent of the replies favored the 108-inch length from the standpoint of comfort, sanitation and service. Eighty per cent favored even hems at top and bottom, and two inches was the depth most frequently mentioned.

The Division of Simplified Practice will now canvass all organizations and individuals concerned including manufacturers, distributors and consumers. If eighty per cent of these endorse the committee's action, the recommendation will then become effective on July 1. The chairman of the committee is Margaret Rogers, representing the American Hospital Association, and Superintendent of St. Luke's Hospital, St. Paul, Minn.

Scholarships for Orthopedic Course

THE Brooklyn Rotary Club, working with the official agencies (Medical Society, Visiting Nurse Association and Department of Health) is sponsoring a course in Orthopedics for qualified public health nurses. Classes twice a week, beginning in late September, will be held at Long Island College Hospital. Eighteen scholarships are available for properly qualified public health nurses and part-time work may be arranged.

The Memorial Service for Miss Linda Richards



Miss Linda Richards' Diploma

A SIMPLE burial service was held on the afternoon of April twenty-first for Miss Linda Richards. In accordance with her wish her ashes will be placed in an urn, in a niche at the Forest Hills Chapel, bearing her name and the inscription "America's First Trained Nurse."

On the evening of May sixteenth a Memorial Service to her was held by the Massachusetts State Nurses' Association at Old South Church in Boston, and more than 500 nurses—graduates and students—came together there to do her honor. Dr. Alfred Worcester, Professor of Hygiene, Harvard University, from his long personal acquaintance with Miss Richards, said at the service:

"How surprised Miss Richards would have been could she have foreseen that so many friends would attend her funeral or that such a meeting as this would be held in her honor. [illegible] happens, it is only after a life is [illegible] ended that its real worth is [illegible]. A few days ago we could think of our old friend only as blind and pitiably helpless. Today when we come to see her life as a whole, we think only of her well won glory.

"To have been given the earliest American nursing diploma may have been, as she used to say, merely because she happened to be the first one to begin training. But it was by no mere chance that Linda Richards started so many of our now famous training schools, nor was there anything haphazard in her having been given the task of starting trained nursing in Japan. That is not the way civilization advances under God's Providence. And whose commission was more surely from on High than was hers!

"If ever her biography shall appear the comparison will naturally be made between her life and that of Florence Nightingale. They knew each other well. In introducing Miss Richards to the Matron of the Edinburgh Royal Infirmary Miss Nightingale said of her: 'I have seldom seen anyone who struck me as so admirable. I think we have as much to learn from her as she from us.' And in her *Reminiscences* Miss Richards wrote: 'Many and varied blessings have come to me

through the years of my hospital life, but never [illegible] than having known Miss Nightingale."

[illegible]

Sally Johnson, Superintendent of Nurses at the Massachusetts General Hospital, told of the beginnings of that school and of Miss Richards' influence upon it. She said in part:

[illegible]

"It was as a superintendent of nurses that she shone with the greatest [illegible], her

success being so marked that in contemplation of it, one would almost believe that there is a royal road to success if one did not know the hardships she encountered and the difficulties through which she passed.

"The work has added luster to Miss Richards, but she kept ever before her the thought that one of her chief objects was to assist in the care and comfort of patients; and however organized, the care of the patient has always been the dominant note of all ethical, theoretical, and practical instruction in this school of nursing."

The final speaker at the Memorial Service, Annie W. Goodrich, Dean of the Yale School of Nursing, said of Miss Richards:

"One is tempted beyond resistance to dwell, not upon things she accomplished or paved the way for in the various branches of nursing and nursing education, and to which her contribution can never really be measured, but rather upon that still unsolved mystery of human action,—the response of the individual to an urge that leaves her striving toward an end the vastness of which is but barely if at all discerned. . . ."

Many nurses who could not be present at the Memorial Service have been impelled to put into words their love and admiration for Miss Richards.

Miss Lucy L. Drown, for many years Superintendent of Nurses at the Boston City Hospital, and herself one of Miss Richards' students in the same institution, writes:

"Memory takes me back to December, 1881, when my sister and I entered the Training School for Nurses. Miss Richards [illegible] and we were [illegible] by her [illegible] personality. [illegible]

[illegible]

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication.

The American Nurses' Association

The appearance of the June *Journal* almost coincides with the departure of trains taking delegates and other interested nurses to the biennial convention in Milwaukee. It is too late, therefore, to make any further announcements with regard to the convention. Milwaukee nurses write that all special trains will be met by nurse representatives and that a sufficient number of taxis will be waiting to take the incoming guests to their various destinations in the city.

After you have reached your hotel and [illegible] go straight to the Auditorium for registration. This is important not only because it helps minimize the crowd of those registering on Monday, but because by going to the Auditorium at once, you can learn of any changes in, or additions to, the program.

Memorial Service

In addition to the regular program will be the memorial service for Miss Clayton, which it [illegible] will be arranged for late Sunday a[illegible] in the evening, so that all those w[illegible] special trains will be able to a[illegible] is only fitting that such a service [illegible] the President of the American [illegible], Miss Clayton, should [illegible] in all sessions of which [illegible] recently reminded of their [illegible] so modestly and with [illegible] for this convention.

[illegible] of the service will be made at [illegible] and in the hotels, and, it is hoped, also, in the special trains going to the convention.

The Completed Program

With an addition here, and a change there, the convention program at last has been rounded out to a satisfying completion.

At the Wednesday morning Round Table for Office Nurses, Alta Robinson of Los Angeles, *Calif.*, will lead the discussion following Frances Pederson's paper on "The Growth and Development of Office Nursing," while at the Round Table for Nurse Anaesthetists, Anna Traber, Chief Anaesthetist, Hillman Hospital, Birmingham, Alabama, will lead the discussion of The Nurse Anaesthetist, presented by Agatha Hodgins of Cleveland, Ohio. At this same round table will be presented "Some of the Problems Common to the Nurse Anaesthetist," a paper prepared by Rosalie McDonald, Chief Anaesthetist, Wesley Memorial Hospital, Emory, Ga.

On Thursday morning, at the first Registry Round Table, E. I. Erickson, Superintendent of Augustana Hospital, Chicago, Ill., has been secured to present the "Hospital Executive Angle," and Frances M. Heinrich, also of Chicago, to put forth the "Private Duty Angle" in propounding the subject, "Hospital Relationships." Later, Mrs. Lena Schmitt, of Detroit, Mich., will speak from the private duty angle in covering the subject of "Registry Relationships."

At the Private Duty Section meeting in the afternoon of this same day, the subject, "How to Conduct a District Meeting," has been changed to "How to Build a Program."

The League program also has received several additions. On Tuesday afternoon there will be a conference on "Problem of Transferring Graduate Nurses' Records," with Elsie M. Lawler, Superintendent of Nurses, School of Nursing, Johns Hopkins Hospital, acting as chairman. On Wednesday morning, at the session conducted by the Education Committee, "The Functions, Values, and Methods of Conducting Staff Conferences in a School of Nursing," by Daisy Dean Urch of Oakland, Calif., will be followed by Amelia Grant, of the New York City Department of Health, who will present

"Staff Conferences in a Public Health Nursing Organization." Later in the morning, Claribel A. Wheeler, Director of Nursing, Washington University, St. Louis, Mo., will speak on "Selection of Students for a School of Nursing and Problems of Adjustment."

The program for the Instructors' Section meeting on Thursday morning, which is now nearly completed, will be presided over by Ruth [illegible] of Western Reserve University School of Nursing, Cleveland, Ohio. T. L. Torgerson, Professor of Education, University of Wisconsin, will speak on "Objective Methods in Classroom Tests," to be followed by "The Use of the Patient in the Nursing School Curriculum," by Margaret G. [illegible] of Western Reserve University School of Nursing. The speaker for the subject, "Testing the Outcomes of Clinical Teaching," will be announced later.

Daisy Dean Urch will be the chairman of the [illegible] Thursday afternoon conference on "Selection and Graduation of Students." Shirley C. Titus, of University of Michigan School of Nursing, will direct the conference on "Extra-Curricular Activities in Schools of Nursing," while the conference on "The Value of [illegible] Hospital Experience in Obstetrical Nursing and in Pediatric Nursing," will be presided over by Helen Wood of Strong Memorial Hospital, Rochester, N. Y.

On Friday morning, at the general session, discussion of "Supervision of Clinical Instruction," by Mary M. Marvin, will be opened by Margaret Carrington of Cleveland, Ohio.

The N. O. P. H. N. has added to its program a Staff Nurses' Informal Gathering on Monday from 5-6 p.m. On Thursday, from 5-6, the round table, "Directors' Postgraduate Course in Public Health Nursing," will be presided over by Mrs. Elizabeth S. Soule, Head, Department of Nursing Education, University of Washington, Seattle.

Nurses' Relief Fund

Report for Month Ending April 30, 1930

Receipts

Interest received on bank balances	[illegible]
Interest received on investments	[illegible]
Checks returned by beneficiary	[illegible]

Contributions

Alabama: District [illegible] Units—1, $4; 2, $[illegible]; 3, $[illegible]; Alabama Association—[illegible], $[illegible]; St. Vincent's, $[illegible]	[illegible]
Arizona: District Associations—No. 1, $[illegible]; No. 2, $[illegible]; No. 3, $[illegible]; collected at State Meeting, $[illegible]	$151.65
Arkansas: District 1	6.00
California: State Nurses' Association	464.50
District of Columbia: Garfield Hospital Alumnae Association	6.00
Florida: St. Luke's Hospital Alumnae Association	37.50
Kansas: Individual contribution	1.00
Massachusetts: Alumnae Associations—Malden, $[illegible]; [illegible], $[illegible]	12.50
Minnesota: Alumnae Associations—Asbury, $[illegible]; Deaconess, $[illegible]; Fairview, $[illegible]; General, $[illegible]; Northwestern, $[illegible]; St. Andrew's, $[illegible]; St. Cloud's, $[illegible]; Ancker, $[illegible]; individual members, $[illegible]	420.00
Missouri: Alumnae Associations—[illegible], $[illegible]; Christian Church, $[illegible]	53.00
New Hampshire: Alumnae Associations—Laconia, $[illegible]; [illegible] (Whitefield), $[illegible]	10.00
New Jersey: Alumnae Associations—All Souls, $[illegible]; Elizabeth General, $[illegible]; Muhlenberg, $[illegible]; Jersey City, $[illegible]; Newark Memorial, $[illegible]; Orange Memorial, $[illegible]; St. Barnabas, $[illegible]; Ann May Memorial, $[illegible]; Monmouth Memorial, $[illegible]; Cooper, $[illegible]; Atlantic City, $[illegible]; individual members of District 1, $[illegible]; District 2, $[illegible]; District 4, $[illegible]; District 6, $[illegible]	298.00
New York: Students, Upland Hospital, Port Chester	5.00
Ohio: District 9	50.00
Oklahoma: District 1	75.00
Pennsylvania: L. L. Dock	100.00
Rhode Island: Alumnae Associations—Butler, $[illegible]; Rhode Island, $[illegible]	35.00
Tennessee: State Association	819.00
Texas: District Associations—No. 2, $[illegible]; No. 6, $[illegible]; No. 12, $[illegible]; No. 14, $[illegible]; No. 16, $[illegible]	58.00
Total receipts	$2,841.20

Disbursements

Paid to [illegible] beneficiaries	$2,767.00
Salaries	541.10
Postage and stationery	43.76
	$3,351.86
Excess of disbursements over receipts for month ending April 30, 1930	$510.66

All contributions to the Nurses' Relief Fund should be made payable to the *Nurses' Relief Fund* and sent either to the person who collects your dues or to the local Relief Fund chairman. This method facilitates the work of acknowledgment [illegible] in each state. Your district president or secretary can tell you to whom your checks should be sent. For application blanks for [illegible] apply to your own [illegible] or district [illegible], or to your state [illegible], and for other information, address the [illegible], or the Director of the American Nurses' Association, Headquarters, 370 Seventh Avenue, New York.

The Isabel Hampton Robb Memorial Fund

There were thirty-four applicants for the six scholarships offered for the year 1930–31, representing thirty-three schools and fifteen states. These applicants wished to take courses in teaching, fifteen; administration, seven; public health, twelve. Twenty-three wished to take courses at Teachers College, Columbia University, New York; other places chosen were Peabody, Marquette, [illegible], Western Reserve, Loyola, School of Social Work in Philadelphia, Northwestern University and the University of California.

The six successful applicants were, in the order of their standing:

[illegible] Peck, Newark, N. J. (University School of Nursing, San Francisco), to study public health administration at Teachers College, New York.

[illegible] May MacDougall, Indianapolis, Ind. (Presbyterian Hospital, Chicago), to study nursing education at Teachers College New York.

Mary [illegible] McKinnon, San Francisco, Calif. (University School of Nursing, San Francisco, Calif.), to study public health nursing at the University of California, Berkeley.

[illegible] Florence Pelts, Chicago, Ill. (Massachusetts General Hospital, Boston), to study administration in schools of nursing, at Teachers College, New York.

[illegible] Margaret [illegible], Amsterdam, N. Y. ([illegible] City Hospital, School of Nursing, [illegible], N. Y.), to study public health nursing at Teachers College, New York.

[illegible] M. Jones, [illegible], Pa. (Columbia Hospital, Wilkinsburg, Pa.), to study administration at Teachers College, New York.

Financial Report to May 12, 1930

Previously acknowledged	$34,926.62
Contributions	
Indiana: Good Samaritan Hospital Alumnae, [illegible]	5.00
Iowa: District 4, $10; District 9, $10; Burlington Hospital Alumnae, Burlington, $5; Jennie Edmundson Alumnae, Council Bluffs, $5; Finlay Hospital Alumnae, Dubuque, $2.50	32.50
Maryland: Johns Hopkins Alumnae, Baltimore	25.00
Massachusetts: St. Elizabeth's Alumnae, Boston, $5; Melrose Alumnae, Melrose, $5	10.00
Texas: State Association	50.00
	$35,049.12

Mary M. Riddle, *Treasurer*.

The McIsaac Loan Fund

Report to May 12, 1930

April 7, Balance	$531.32
Contributions	
Iowa: District 4, $10; District 9, $10; Burlington Hospital Alumnae, Burlington, $5; Jennie Edmundson Alumnae, Council Bluffs, $5; Finlay Hospital Alumnae, Dubuque, $2.50	32.50
Massachusetts: St. Elizabeth's Alumnae, Boston	5.00
Texas: State Association	50.00
Reimbursement of check not previously accepted at bank	25.00
Loan repaid with interest	207.50
Last payment on loan	35.00
	$886.32
Loan made	150.00
May 12, Balance	$736.32

Mary M. Riddle, *Treasurer*.

Contributions for both funds are desired from associations and it is suggested that each state association should give $25 to each fund: each district association, $10 annually to each fund; and each alumnae association, $5 annually to each fund. Checks should be made out separately, in the name of the Fund, and sent to the treasurer, Mary M. Riddle, care *American Journal of Nursing*, 370 Seventh Avenue, New York.

National League of Nursing Education

The League announces a few new slides which will make possible a set of twenty-three illustrations of foreign nursing. These may be rented on the same basis as the other three sets, and may also be bought at the usual rate of fifty cents each. The subjects are:

- Bulgarian Red Cross Hospital.
- A Group of Nurses from the Montevideo School for Nurses, Uruguay.
- In the Dispensary, Lille, France.
- Pupils of the "Regina Maria" School for Nurses, Bucharest.
- Class in the Ward, Hospital of St. Francis of Assisi, Rio de Janeiro.
- Class at Work in the Laboratory, School of Nursing, P. U. M. C.
- Mobile Unit, "American Women's Hospital"—American nurse, doctor and two native nurses leaving Djuma Hospital for neighboring villages with medicines and dressing—Greece.
- A Health Talk at Ruatoki School, Urewera County, New Zealand, by a Maori Health Nurse.

Japanese Student Nurses Learning Etiquette—Japanese Red Cross.
Djemma Hospital, Western Macedonia—The nurse ready to go to clinic village out of Djemma.
Students in a Well Baby Clinic, Constantinople, Turkey.
View from Administration Building, Bispebjerg Hospital, Copenhagen, Denmark.
Reception for the President of the International Council of Nurses, Miss D. Gage, on her return to China from Finland, 1925.
The Old Presbyterian Hospital, San Juan, Porto Rico.
The First Baby Show in Korea, Held in an Old Palace in Seoul in 1924.
One Way of Bringing a Korean Patient to Severance Hospital Dispensary.
American Nurses' Memorial, Florence Nightingale School of Nursing, Bordeaux, France.
Queen's Hospital, Showing Driveway Leading to Nurses' Home, Honolulu.
St. Thomas' Hospital, London—View from Westminster Bridge.
Patient Brought to Djakarta Hospital, Greece, on an Ox-Car.
Group Taken when the Korean Nurses' Association was Founded, April, 1923, in Seoul.
Public Health Clinic, Armenia.
Nurses' Association of China, Nanking, 1926.

Army Nurse Corps

During the month of April, 1930, orders were issued for the transfer of members of the Army Nurse Corps to the stations indicated: To Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieut. Frances E. Thomas; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Zita Callaghan; to Fort Monroe, Va., 2nd Lieut. Geraldine V. Ferguson; to Fort Riley, Kans., 2nd Lieut. Della McVicker; to Fort Sheridan, Ill., 2nd Lieut. Mary C. Scheurer; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Marguerite Ulberg, for observation and treatment, and 2nd Lieuts. Alice G. Griffin and Bernadine E. Nevitt, for duty; to the Hawaiian Department, 2nd Lieuts. Artie E. Mitchell, Caroline E. Bennett, and Emily L. McLean.

Eighteen have been admitted to the Corps as Second Lieutenants. Sixteen are under orders for separation from the Corps.

Julia C. Stimson,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

Report for April, 1930

During the month of April, five nurses were appointed and assigned to duty.

Transfers: To Annapolis, Md., Mary J. Mi[illegible]ey, Bess Austin, Odessa Smith; to Boston, Mass. (Miss Farmer's School of Cookery), Gertrude M. Dunn, Marie C. Boyle, M. Winifred Marsh, Marjorie E. Wheeler, Mary M. Heck, Cornelia A. Armstrong, Sallie G. Wright, Lucy H. Russell, Beulah Taylor, Muriel H. Neale; to Chelsea, Mass., Audrey B. Hurd, Sarah J. Livingstone, Stella Terrell, Paula E. Mattfeldt; to Great Lakes, Ill., Grace B. Lally, Helen A. Russell, Chief Nurse; to League Island, Pa., Myrtle N. Kinney, Lillie M. Anderson, Ida L. Hodge, Chief Nurse; to New York, N. Y., Alice M. Templeton, Julia T. Coonan; to Newport, R. I., Anna E. Gorham, Chief Nurse, Margaret R. Dillon; to Ninth Naval District, Chicago, Ill., Betty W. Moyer, Assistant Superintendent; to Norfolk, Va., Julia Lennon, Stella A. Dolloff; to Pensacola, Fla., Kathryn M. Bonner, Elva Venard, Theresa E. Mosher; to Portsmouth, N. H., Pauline M. Haase, Gertrude Lott; to Twelfth Naval District, San Francisco, Calif., Anna G. Davis, Assistant Superintendent; to Third Naval District, New York, Clare L. DeCeu, Assistant Superintendent; to U. S. S. Relief, Margaret E. Jones, Chief Nurse, Pearle V. Hoyle, Edith M. Jones, Edith Burgess, Bertie R. Mercer, Mildred A. E. Marcus, Mattie Moore, Mary E. Kennedy; to Washington, D. C., Pearl H. King, Irene Shelley, Kathryn V. Sheehan; to Washington, D. C., Dispensary, Navy Department, Elizabeth L. Tope, Chief Nurse.

The following nurses have been separated from the Service: Elvie Toward, Louise Madsen, Leona J. Ball, Sara F. Murray, Edith E. Gordon, Tena M. Wolken.

J. Beatrice Bowman, R.N.,
Supt., Navy Nurse Corps.

U. S. Public Health Service

Report of the Nursing Section

The following transfers, reinstatements, and new assignments have been made in the U. S. Public Health Service during the month of April, 1930:

Transfers: To Portland, Maine, [illegible]; to Memphis, Tenn., [illegible]; to St. Louis, Mo., [illegible]; to Norfolk, Va., [illegible]; to San Francisco, Calif., [illegible]; to New Orleans,

La., Emma Lee Norris, Lucille Cuney; to Buffalo, N. Y., Mrs. Anna Parker, Katherine Cotton; to Hudson St., New York City, Mary Sutton.

Reinstatements: Rose Buffenstein, Mildred Thornton, Hannah T. Holmquist, Mrs. Jessie Rogers.

New Assignments: Thirteen.

The location for the first narcotic farm to be established under the Porter Bill has been decided upon. This farm will take care of two thousand narcotic addicts. It will be situated four miles from Lexington and within a couple of hours from Cincinnati. In preparation for the opening of this first narcotic farm, a medical officer of the Public Health Service has been detailed to the Disciplinary Barracks at Leavenworth, Kansas. It is the intention of the Director of the Narcotic Division to place nurses in charge of the infirmary on the narcotic farms. It is also probable that the medical work in all federal prisons will be imposed upon the Public Health Service and that nurses will be needed for this work. The new hospital at Cleveland, of two hundred and fifty beds, will be opened June 15. Additional nurses will be needed for this hospital. Applications for appointment should be made to the Surgeon General, U. S. Public Health Service, Washington, D. C.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

United States Veterans' Bureau

REPORT OF NURSING SERVICE, APRIL, 1930

It is expected that all nurses of this Bureau whose services can be spared will attend the biennial nursing convention of the national nursing organizations, to be held in Milwaukee, Wis., June 9–14.

During the month of April the Superintendent of Nurses, Mary A. Hickey, visited the U. S. Veterans' Hospital, Bronx, N. Y., for the purpose of supervising the nursing activities and in connection with the postgraduate course for nurses being conducted at that station. Ten nurses were registered for the course beginning April 1. The course will be repeated every three months. Opportunity to attend the student forum at Columbia University is afforded the students. Ward clinics at Bellevue Hospital are conducted for the students and demonstrations given of outstanding typical cases of various psychoses. An excellent feature of the course is that the members of the class are given an opportunity to visit other hospitals caring for mental cases. Through the courtesy of the Medical Director at Bloomingdale Hospital, White Plains, N. Y., the students completing the course from January 1 to March 31, attended a staff conference at Bloomingdale and were shown through the institution. The New York State Psychiatric Institute, Columbia Medical Center, was also visited.

It is expected that the new unit at U. S. Veterans' Hospital, Jefferson Barracks, Mo., will be open for the reception of patients on or about May 15. This unit is for the care of neuropsychiatric cases.

During the month of April, 1930, the following-named nurses were reinstated: Lucy Collitt, Eileen Dyckman, Edith M. Knight, Clara Love Noe, Viola Ward.

Twenty-three new assignments were made and the following have been separated from the service: Alice M. Bailey, Manie M. Balding, Lauretta M. Carolan, Irene L. Chambers, Bertie L. Clark, Alberta J. Cave (death); Ella E. Cox, Bertha Cotter, Alice M. Despins, Elizabeth Eiler, Katherine Foley, Fannie S. Griffin, Emma J. Hall, Eva Hopkins, Jeannette R. Hall, Zelia Huffman, Daisy Harding, Ona B. Ledely, Eva S. May, Sadie L. Moran, Mary E. O'Connor, Mildred K. O'Neill, Susie W. Pulliam, Mae Reece, Iona C. Robeau, Violet Rann, Ines M. Spurgeon, Florrie H. Stocking, Vilma Stoltenberg, Aleen C. Thompson, Agnes May Stewart, Myrtle Q. Vaught, Elsie J. Ward.

Orders were issued for transfer of the following-named: To Jefferson Barracks, Mo., Emma Anderson, Mary H. Tarbell; to Outwood, Ky., Mary Anderson; to Alexandria, La., Lena Burkett; to Whipple, Ariz., Sara Clagett; to Northport, L. I., N. Y., Catherine G. Collins; to Palo Alto, Calif., Florence Burke; to Washington, Mayme Freeman, Margaret Wallace; to Lake City, Fla., Martha Hill; to Aspinwall, Pa., Anna O'Donnell.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.

U. S. Indian Service

During the month of April the following changes have taken place in the Indian Service nursing personnel:

Appointments: 11.

Separations: 3.

Transfers: Mrs. Grace O. Fillius, to Umatilla Agency, Oregon; Louise C. Bidwell, to Fort Apache Agency, Arizona.

ELINOR D. GREGG,
Supervisor of Nurses.

The First International Congress on Mental Hygiene

The world-wide scope of the First International Congress on Mental Hygiene which was held in Washington, D. C., during the second week in May, was perhaps most evident at the Tuesday evening session: Dr. William H. Welch presided as the delegates from the fifty-three participating countries were invited to the platform and presented by name to Dr. William A. White, the President of the Congress. It is of especial interest to nurses to know that among the delegates were at least two of their own number, Mary Chadwick, S.R.N., Fellow of the British College of Nurses, and Mme. Karin Neuman-Rahn, Honorary Secretary of the Society for Psychic Health of Finland, and Chairman of the International Council of Nurses Committee on Mental Hygiene and Mental Nursing.

Nursing was also represented when the plans for the Congress were being laid, by Effie Taylor, Professor of Nursing at Yale University on the Advisory Committee on Program, and by Katharine Tucker, General Director of the N. O. P. H. N., and by Elizabeth Burgess, President of the National League of Nursing Education, on the Committee on Organization.

Throughout the whole week one was struck by the emphasis placed on two primary needs: first, the need for every worker to understand himself and his own emotional life before attempting to help others, and second, the need for more preparation for all workers in all fields of mental hygiene.

Speaking of the first need, that of the worker to understand herself, Miss Chadwick, in discussing Dr. Strecker's paper on the teaching of psychiatry in medical, nursing, and other professional schools, stressed the fact that the nurse needs sound psychological help, and needs it early in her training.

The second need—that for the better preparation of all workers—was shown to be particularly urgent in our own as in other phases of mental hygiene work. Speakers constantly referred to the fallacy of the traditional attitude—both lay and professional—toward mental sickness, which has separated it entirely from physical sickness, and which has prevented physicians and nurses alike from considering the *whole* patient. Dr. Clarence B. Farrar (Canada) pointed out that so great has been the effect of this on nursing that there are today two kinds of nurses, the "general" nurse and the "mental" nurse. He urged the inclusion of mental nursing in the general course for all nurses with special opportunities for those who wish to specialize in psychiatric nursing.

In this same connection, Dr. Edward A. Strecker, Professor of Nervous and Mental Diseases, Jefferson Medical College, discussing psychiatric nursing education said:

"To a very considerable and serious extent, general nursing and social-work training are deficient in their presentation of the psychiatric point of view. This seems especially true of nursing. In the average training school, the nurse receives a few formal lectures in psychiatry. An extremely common complaint and criticism of nurses even from excellent training schools is that, while skilled and superior in technic, they lack even an ordinary understanding of the psychological features of sickness. An already heavily overloaded schedule would seem to preclude any radical revision. Some improvement would be noted if, as a part of each course—medicine, surgery, obstetrics, pediatrics, and so forth—there could be given, by the department of psychiatry of the hospital, an exposition of the psychological needs of the various groups of patients. Wherever possible, the nurse should have at least some experience in the out-patient clinic of the hospital. The practice of affiliation with mental hospitals should be encouraged. Here the student graduate nurse will have access to an excellent course and splendid practical experience. Unfortunately, this experience is too often confined to frankly psychotic patients. A period of out-patient service where the border line situations and the neuroses are encountered is extremely valuable. For the nurse who wishes to become a psychiatric nurse, a longer period of preparation is imperative. This preparation should not differ much in kind from that given to the student in psychiatry, although, naturally, it will differ in degree and will be much simplified and much less detailed. For the nurse who aspires to the more particularized and technical aspects of psychiatry, there should be a nursing apprenticeship under a psychiatric specialist, in the child guidance clinic, in the industries, and in other fields. There has not been much utilization of nursing potentialities in these directions."

The two conferences held during the Congress on nursing and nursing education were largely attended,—so largely in fact that it was necessary to move from the room which had been provided to the large "Hall of Nations" of the Hotel Washington. There were more than four hundred persons present at each of these two sessions, including

physicians, board members, social workers as well as nurses.

At the Wednesday afternoon conference at which May Kennedy, Director of the Division of Nursing of the Illinois State Department of Public Welfare, presided, Mme. Neuman-Rahn presented the report of the I. C. N. Standing Committee on Mental Nursing and Hygiene which indicated that in the fourteen countries reporting only a beginning had been made toward including this branch of nursing in the basic course.

Reports of the courses in Psychiatry and Mental Hygiene given in the schools attached to four different types of mental hospitals in this country were given by the directors of these schools. Elizabeth Bixler, who will direct the nursing in the Institute of Human Relations at Yale University, discussed postgraduate work in mental hygiene, pointing out that, as they are at present trained, nurses are not prepared to care for the mentally ill, and that, though the nurse is the logical person to carry out a mental hygiene program, under existing conditions the psychiatric social worker is being used instead. The further postgraduate preparation which Miss Bixler believes to be necessary for the nurse who would do this work should include more case study, more sociology, social psychology or philosophy, more psychiatry, and child guidance. At present the schools of psychiatric social work are the only places in which such courses may be had.

At the Thursday afternoon conference the place of mental hygiene in public health nursing programs was discussed. Laura Draper, Associate Director, Boston Community Health Association, discussed the training and work of the mental hygiene supervisor, including in the latter community education in mental hygiene, but particularly the education of her own nursing staff, in order to increase the service which these nurses might give their patients, as well as to help them to understand their own selves and add to their enthusiasm for seeing further possibilities in their jobs. Alvida Lower, Staff Nurse, Minneapolis Visiting Nursing Association, gave a particularly significant and interesting discussion of her own experience as a nurse entering the visiting nursing service without previous preparation in mental nursing. So valuable had been the program in mental hygiene which she had encountered in the visiting nursing association, that at the end of sixteen months not only could she understand her patients' problems more clearly and give them greater help, but for herself she was able to say that "mental hygiene leads to more confident living."

In the discussion which followed, Grace Anderson, Director, East Harlem Nursing and Health Demonstration, New York, pointed out the tremendous opportunity which the nurse has for making child life happier

Effie Taylor stressed the two great needs which had been brought out all through the Congress, that of the nurse to understand herself, and that for better preparation. She spoke particularly of the necessity for our getting away from the idea that nursing is only the carrying out of procedure and for realizing instead that the function of the nurse is to help the patient to live. And to do this not only is it important to give training in mental nursing as part of the basic course so that we may think of the patient as a whole individual, but we must also demand better educational background of the young woman who is to be the nurse. This attitude toward the whole problem of nursing and mental health seems, so far as nurses are concerned, to have been the most significant feature of the Congress.

Institutes and Special Courses

California: Los Angeles.—University of California, courses in Nursing Aspects of School Hygiene, Principles and Practice of Public Health Nursing, and Administration of Schools of Nursing, June 30–August 9.

Massachusetts: Boston.—The eighth New England Health Institute was held in Boston at the Hotel Statler, April 14–18, with a registration of about 1,500, a large part of whom were nurses. This year, a nursing section was added, with Sally Johnson as chairman, as it was felt nursing should have a more important place on the program. Among the speakers for this section were Dr. May Ayres Burgess, Annie W. Goodrich, Elizabeth A. Fox, and Marion Rice. This year the members of the State Association received an advance notice of this Institute through the courtesy of the State Health Department, and by reason of this many more nurses knew of the event than would have otherwise. This yearly institute is a valuable addition to the health program of the state.

Michigan: Ann Arbor.—The University of Michigan, Department of Hygiene and Public Health, offers courses in Hygiene and Public Health, June 30 to August 8. Information may be obtained from Prof. John

Sundwall, Division of Hygiene and Public Health.

Missouri: Kansas City.—The Kansas City League of Nursing Education will conduct an institute, June 16 to July 3, at St. Mary's Hospital Nurses' Home, with Mary E. Gladwin as chief lecturer. The program will also include round-table discussions, local speakers on nursing subjects and demonstrations of nursing procedures. Fifteen lectures are given for $10, or 75 cents for a single lecture.

St. Louis.—Washington University School of Nursing announces the opening of its Public Health Nursing Course in September next. The course, which will cover two semesters of the regular college year, is under the direction of Claribel A. Wheeler, Director of the School of Nursing, and Anna Heisler, Professor of Public Health Nursing.

Pennsylvania: Philadelphia.—The Pennsylvania School of Social and Health Work offers summer courses, June 23–August 1,—Public Health Nursing, School Nursing, Tuberculosis and Its Control, Nutrition, and Social Hygiene. For information, apply to Harriet Frost.

State Boards of Examiners

Iowa: Ninety-four recently graduated nurses wrote the examinations April 24 and 25. Ten were registered through reciprocity. The next examination will be given July 24 and 25.

Michigan: An examination for registration of nurses will be held on June 22 and 23 in Lansing.

New York: The Board of Nurse Examiners, at a recent meeting, expressed their sincere regret in the death of one of its members, Elsa Schmidt, who served the Board and the State with a true spirit of progress.

Virginia: The Virginia State Board of Examiners of Nurses will hold its semi-annual examination at Charlottesville, June 17, 18, and 19, 1930. For further information apply to Ethel M. Smith, Secretary, Craigsville.

State Associations

Arizona: The twelfth annual convention of the Arizona State Nurses' Association was held in Douglas, at Elks' Hall, April 11 and 12. The districts were well represented, there being fifty-two present. The members are grateful to the American Nurses' Association for sending Anne C. Jammé to attend the meetings. It was an exceptional privilege to have her present; she gave just what they wanted and needed. Officers elected are: President, Helen Bocock, Tucson; vice presidents, Mrs. Anna Payton, Douglas, and Mrs. Aletha Weidler, Yuma; secretary, Mrs. Martha Laurence Dial, Douglas; treasurer, Mrs. Ruth Newman, Douglas. The next convention is to be held in Prescott, at a time to be agreed upon later.

Arkansas: The Board of Directors of the Arkansas State Nurses' Association met, May 2, at the Capitol Building, Little Rock. Matters of importance were discussed. The dates of the next State Association convention are October 27 and 28, in El Dorado.

Iowa: The Iowa State Association has suffered a loss in the death of Dr. Henry Albert, State Health Commissioner. Being deeply interested in nurses and nursing problems, Dr. Albert gave his support to the State Association in its efforts to have a Division of Nursing Education created by the legislature. This was done in 1927.

Michigan: At the annual convention of the Michigan State Nurses' Association, held at Flint, May 1, 2, and 3, the following officers were elected for the year 1930: President, Emilie G. Sargent, Detroit; vice presidents, Amy Beers, Muskegon, and Mrs. Lucille Viets, Flint; recording secretary, Mollie Smith, Bay City; corresponding secretary, Ann M. Hellner, Saginaw; treasurer, Emily Rankin, Detroit; counselors, Mrs. Helen DeSpelder Moore and Grace Ross.

At the annual meeting of the Michigan League of Nursing Education, which was held on April 30, in Flint, at Hurley Hospital, the following officers were elected: President, Leone Sweet, Battle Creek; vice president, Mary Welsh, Grand Rapids; secretary, Adelaide Beers, Muskegon; treasurer, Josephine Nichols, Battle Creek; directors, Mrs. Mary Foy, Battle Creek, and Elizabeth Watson, Grand Rapids.

New Jersey: At the annual meeting of the New Jersey League of Nursing Education, Eva Cuddy, Director of Nurses, St. Barnabas Hospital, Newark, was elected President, succeeding Miss Murdoch. The New Jersey State Organization for Public Health Nursing elected: President, Mary E. Edgecomb; vice president, Emma R. McLeod; recording secretary, Edith Granger;

corresponding secretary, Hettie W. Seifert; directors, Anna Ewing, Mary Hulsizer, Virginia Chetwood, Evelyn Walker.

North Dakota: The Board of Directors of the NORTH DAKOTA STATE NURSES' ASSOCIATION has chosen October 14 through 17 as the dates for the annual meeting which will be held in Fargo. The State League will conduct a two days' institute and a full day will be given to the sections for their meetings.

Ohio: The twenty-seventh annual meeting of the OHIO STATE NURSES' ASSOCIATION was held in Lima, April 21–24. Five hundred and fifty nurses registered, and more than 600 attended the meeting. The afternoon of April 21 was given over to the meeting of the Board of Trustees of the State Association. In the evening an Advisory Council meeting was held, followed by an informal reception, given by District Association No. 13, the Lima district.

Tuesday morning, April 22, the convention was formally opened, the invocation being given by Rev. Leonard Plummon of St. John's Church; the inspirational greeting by Rev. Fred Riley; and the address of welcome by John A. Harley, City Commissioner. The response and annual address was then given by Clara F. Brown, President, who reviewed the activities of the Ohio State Nurses' Association and the American Nurses' Association, emphasizing the important work of the Committee for Grading Schools of Nursing, and closed with certain definite recommendations for arriving at the actual cost of conducting an accredited school of nursing, and also for a better understanding of the graduate nurse service in the hospital.

Tuesday afternoon was given over to business meetings of the three sections, followed by a most inspiring address on "The Position and Function of the General Duty Nurse" by Anna Wolf, Director of Nursing Service, Billings Hospital, Chicago. Mary Gladwin, of Akron, gave an interesting and helpful address on "Our Responsibility to the General Duty Nurse." "The Economic Aspects of General Duty Nursing as it Relates to the Hospital" was presented by Celia Crans of Akron. There was a very interesting meeting for the State Committee on Red Cross Nursing Service, at which Marguerite E. [illegible], State Chairman of the A. R. C. Committee, presided. There was a Round Table for Alumnae and District Officers, with Margaret Kaufman presiding. [illegible] officers of Alumnae and District Associations attended this meeting, and the following subjects were discussed: (1) Uniform membership reports—the importance of filing, for future reference, all alumnae and district copies of membership reports; (2) Necessity for accurate spelling of names; (3) Double entry bookkeeping system, samples of records and books necessary for such system being shown; (4) General discussion of businesslike procedure in handling affairs of alumnae and district associations. Tuesday evening the Lima district was hostess at a very delightful entertainment.

Wednesday morning was given over to round tables for the sections. Margaret Carrington, Chairman of the State Section on Nursing Education, presided at the Round Table for Administrators in Schools of Nursing. A paper was prepared by Elizabeth Pierce, Cincinnati, on "The Importance of Standardization and Maintenance of Ward Equipment," and was read at this round table. The discussion was led by Helen Leader, R.N., of Cincinnati. A paper on "The Superintendent of Nurses' Annual Report" was given by Clara A. Fisher, Ashtabula, the discussion being led by Nina L. Wootton, Akron, emphasizing the importance of the superintendent incorporating in her report necessary facts regarding the school and recommendations for its future growth. Mrs. Estelle C. Koch of Cleveland presented "The Basis for Selecting Candidates for Schools of Nursing," and the discussion was led by Caroline V. McKee, Chief Nurse of the Department of Nurse Registration in Ohio. Two important recommendations came out of this round table: (1) That schools of nursing select students who are at least twenty years of age; (2) That adequate report forms to be used by principals of schools be formulated and recommended to all principals in Ohio. The round table for instructors in schools of nursing, conducted by Celia Crans, Vice Chairman of the State Section on Nursing Education, was very helpful. "The Content of the Course and the Method of Teaching Dietotherapy" was presented in an excellent manner by Edith Geraghty, Cleveland. "The Evaluation of Students' Practical Work and the Use of the Efficiency Record" was given by Ruth Klotz, Columbus. "The Use of the Bedside Clinic as a Method of Clinical Instruction" was very ably presented by Katherine Horner, Cleveland. Discussion was led by Natalie Chester, of Findlay. All those attending this round table expressed themselves as feeling that a great deal of helpful information had been gained through the papers and discussions. The round table for public health nurses was conducted by Mrs. Louise K. Tooker, Chairman, State Section on Public Health Nursing. A paper

on "How to Utilize Community Resources in Correcting Physical Defects" was given by S. Gertrude Bush, Toledo, followed by five-minute talks on the same topic by Alice Squires, Julia Groscop, Kate Kohlmet, and Anna Doyle also prepared a paper on this subject, which was read. Papers on "Staff Education" were given by Mary and Elizabeth Holt. The round table for industrial nurses was conducted by Sue Z. McCracken, Vice Chairman of the Section on Public Health Nursing. V. H. Hay, M.D., Lima, gave an interesting talk on "Industrial Hygiene," and Rachel L. Kidwell, Columbus, gave a short paper on "Industrial Nursing." A great deal of discussion followed relative to the industrial hygiene work being conducted by laymen in many cases instead of by well qualified graduate registered nurses. The Section on Public Health Nursing, of which the industrial nurses are a part, took steps to conduct a survey in Ohio to ascertain the number of manufacturing plants employing well qualified graduate registered nurses and those plants not employing nurses. The round table for the Section on Private Duty Nursing was conducted by Rose K. Steinmetz, Chairman of the State Section, the main topic for discussion being "The Ten-Hour Day in Home and Hospital." Irene Horning and Maude Kaufman, both of Akron, and Jeannie Jamieson, Cleveland, presented papers on this topic. Mrs. Louise K. Tooker presided at the general session of the morning, at which time Anna Gladwin, Chairman of the Section on Private Duty Nursing of the American Nurses' Association, gave a most interesting and scholarly paper on "The High Cost of Sickness from the Viewpoint of the Nurse," and F. C. Anderson, M.D., Mt. Vernon, gave a most instructive address on "Cause of Tuberculosis Increase in Young Women." The discussion following Dr. Anderson's paper was led by Anna Drake, of Cincinnati. This was a very stimulating and helpful session. Wednesday afternoon's session was held at the Lima State Hospital. W. H. Vorbau, M.D., Superintendent of the institution, and his assistants gave an interesting introduction on the subject "Mental Hygiene," which was followed by a clinic. The Lima Automobile Club provided transportation for some 300 nurses to the State Hospital. A banquet was held Wednesday evening, at which time Edna L. Foley, Chicago, spoke on "The Education of the Nurse from the Viewpoint of Public Health Nursing"; Miss Foley emphasized the importance of the student nurse receiving instruction and practical experience in public health nursing; 300 nurses attended.

Thursday morning, Richard A. Bolt, M.D., Cleveland, gave a most interesting address on "New Aspects in Child Care," which was discussed by Mrs. Zoe McCaleb, Ohio Department of Health; many questions were asked regarding the many obstacles encountered by the public health nurse in the child hygiene movement throughout the State. This was one of the most interesting sessions of the entire meeting. A general round table was conducted, and the following topics were discussed: "How to Interest Nurses in Professional Growth," V. Lota Lorimer, Cleveland; "What Can Be Done to Limit the Supply of Nurses?" Clara F. Brouse, Akron; "Adequate Remuneration for Nurses Who Have Taken Postgraduate Work," Catherine Hermann, Akron; "Advantages to the Nurse and the Public of a Fixed and Sliding Scale of Charges," Elizabeth Healy, Columbus. Officers elected are: President, Anna C. Gladwin, Akron; Vice presidents, Rachel L. Kidwell, Columbus, and Mary L. Margerum, Van Wert; secretary, Elsie Druggan, Athens; treasurer, S. Gertrude Bush, Toledo; two members, State Board of Trustees, Clara F. Brouse and Louise Schroeder. The members voted unanimously to hold the next annual meeting in Cleveland.

Rhode Island: On April 22, the Rhode Island State Nurses' Association held its second meeting of the year, at the Aldrich Home, Rhode Island Hospital, Providence. John W. Haley, Rhode Island Historian, gave an illustrated lecture on Historic Rhode Island, which proved very interesting, as well as instructive.

Texas: The Texas League of Nursing Education held its annual meeting in Beaumont on May 9. The following program was carried out: "Findings of the Grading Committee," A. Louise Dietrich; "Nomenclature in Different Phases of Nursing Work," Mrs. Grace Engblad; "The Case Study Method of Teaching Nursing," Zora McAnelly; "The Forward March of Nursing Schools in Texas," Julia Kasmeir; "Physical Training a Definite Need in Nursing Schools," Mrs. Curtis Jones; "The Necessity of Staff Education in Service," Nina Petrie; "Social Life Made Educational," Mrs. Robert Jolly; "The Children's Foundation," Miss Hefln, Home Economics Department of the University of Texas. The result of the election of officers was: President, Rhoda Carroll, Fort Worth; directors, Mrs. C. L. Jackson, Beaumont, and A. Louise Dietrich, El Paso.

Vermont: The sixteenth annual meeting of the Vermont State Nurses' Association

will be held at the Athena Club Rooms, corner of Pearl and Willard Streets, Burlington, on June 25. The morning session opens at 10 a.m. The Red Cross nurses of the State are invited to attend a meeting in the form of a luncheon, the time and place for which will appear on the program.

Wyoming: The annual meeting of the WYOMING STATE ASSOCIATION will be held in Kemmerer, June 27–28.

District and Alumnae News

Alabama: Birmingham.—Instructive and helpful meetings have been held each month at the Nurses' Club, with an average attendance of thirty. Fourteen hundred dollars have been subscribed on clubhouse shares. Two doctors and four lay members are serving with fourteen nurses on the Registry Committee. **Montgomery.**—The ALABAMA HOSPITAL ASSOCIATION held its annual meeting on April 16. Addresses were made by Dr. Bert Caldwell of Chicago, Dr. W. E. Williamson of Chicago, Dr. U. J. Craig, and by Governor and Mrs. Graves. **Talladega.**—DISTRICT 7 is encouraging the sending of delegates to the biennial convention in Milwaukee by offering a free tour to any member who will organize a party of twelve.

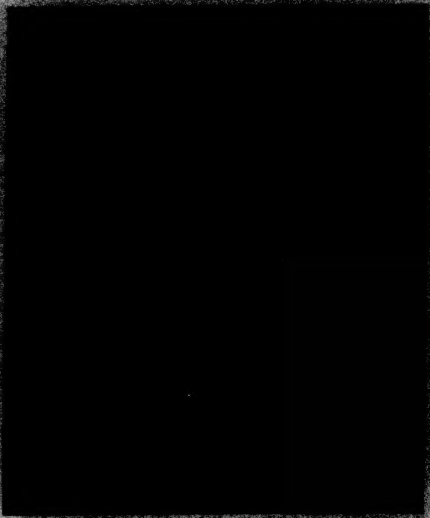
Colorado: Denver.—The alumnae of the UNIVERSITY OF COLORADO SCHOOL OF NURSING have established a loan fund to be called the Martha M. Russell Loan Fund. A. Faith Ankeny has been appointed Directress of Nursing in ST. LUKE'S HOSPITAL. Miss Ankeny is a graduate of the Wesley Memorial Hospital, Chicago; she was at one time Directress of Nursing in the Iowa Methodist Hospital, Des Moines, Iowa; later Acting Director of Nursing Education in the State of Iowa; and recently Directress of Nursing, Decatur and Macon County Hospital, Decatur, Ill.

District of Columbia: Washington.—The monthly meeting of the DISTRICT LEAGUE OF NURSING EDUCATION was held at Emergency Hospital on April 24. Dr. William J. Mallory spoke on "Some of the New Treatments in Medical Conditions and the Responsibilities of the Nurse in this Connection." This was followed by the usual discussion pertaining to local nursing activities.

Georgia: Columbus.—The FOURTH DISTRICT, at its meeting on April 4, enjoyed a community program on tuberculosis arranged by Mrs. Isadore Herman, State Chairman of the Tuberculosis Section of the N. O. P. H. N. Topics were: "The Responsibility of the Medical Profession in the Fight to Reduce Tuberculosis," Dr. Ralph Williams, City Health Officer; "National Standards for Training Schools of Nursing in Giving Theoretical and Practical Training in the Care, Recognition and Prevention of Tuberculosis," Catherine McDuffee, Columbus City Hospital; "The Private Duty Nurse as a Factor in the Reduction of Tuberculosis," Lucie Massee, President Georgia State Nurses' Association; "The Layman's Part in Coöperation with the National Tuberculosis Association, Mrs. John T. Fletcher; "The Capacity and Policy of the Muscogee County Tuberculosis Hospital," Dr. F. L. Cosby, Superintendent Tuberculosis Hospital, and County Health Officer.

Illinois: Chicago.—The April meeting of the ILLINOIS LEAGUE OF NURSING EDUCATION was held April 25 at the Chicago Nurses' Club. Francis L. Bacon, Principal of the Evanston Township High School, was the speaker on "Recent Movements in Education." Included among these were: the application of scientific principles in determining needs in education and improved methods of teaching, greater attention to the rôle of the emotions in education, teaching a "living curriculum," or teaching the child instead of subject matter, changes in the content of certain subjects and in the emphasis placed upon different phases of subjects. Frances Fell and Margaret Oetjen, graduates of the Grant Hospital Training School, were recently awarded scholarships for a six months' course in midwifery in Edinburgh, Scotland. The young women have been with the Frontier Nursing Service of Kentucky for some time, and it was through the efforts of Mrs. Breckinridge of that organisation that they were given the opportunity to prepare themselves for further pioneer work. They plan to return to Kentucky on completion of the course. The SWEDISH COVENANT HOSPITAL held graduating exercises for a class of fifteen at the North Park Mission Church, on May 21. Addresses were given by Professor Peter Person and Dr. G. L. Rosene.

Iowa: Iowa City.—DISTRICT FIVE enjoyed a meeting, April 10. Seventy-seven nurses attended. The President and First Vice President of the State Association were guests and gave short talks. A program broadcast from station "N-U-R-S-E" was received. An inspirational talk on the coming biennial convention, supposedly broadcast by the national president, urged attendance. A



Marion Durell, R.N., B.A.

radio message by proxy from Miss Geister was also received. Two sketches were given: "The Central Registry" depicting hourly and group nursing and the close relationship of the central registry to public health nursing organizations and hospitals and "Public Health Nursing" showing the close cooperation and follow-up of public health nursing organizations and lay board members with nursing in the home. Muscatine.—Seventh District held its regular meeting April 17, the first evening meeting of the Association. The success of the meeting was proven by the large attendance, one hundred nurses being present. A Red Cross demonstration was given. The A. N. A. biennial was discussed.

Maryland: Baltimore.—The quarterly meeting of the Industrial Nurses' Association was held April 9, when the following officers were elected: Chairman, Margaret Sharp; vice chairman, M. Smith; secretary, Kathryn Smith. A rising vote of thanks was given to the retiring officers. Mercy Hospital held commencement exercises at the Lyric, on May 14, for a class of thirty-nine. Addresses were given by Dr. Francis J. Kirby and by Michael J. Curley, D.D. Johns Hopkins Hospital held graduating exercises for a class of sixty-five, on May 22. The address was given by Lewellys F. Barker, M.D.

Massachusetts: Boston.—The New England Deaconess Hospital held graduation exercises for a class of forty-nine, on May 13, at St. Mark's Methodist Episcopal Church. Addresses were given by Dr. Elliott P. Joslin and Bishop Charles Wesley Burns.

Michigan: Ann Arbor.—Marion Durell, a Wellesley graduate and a "Vassar Camper," has been appointed Director of the School of Nursing, University of Michigan Hospital, succeeding Shirley Titus, resigned. Miss Durell has spent her professional life in various positions in the school of City Hospital, Welfare Island, New York City. She has, for some years, been Director of the School. Flint.—The Flint District entertained the graduating classes of the Owosso Memorial Hospital and Hurley Hospital at a dinner, on the evening of April 24, when an address was given on the "History, Achievements, and Future Projects of the Michigan State Nurses' Association." Kalamazoo.—At the April meeting of the Kalamazoo State Hospital Nurses' Alumnae, Mary Muff, Superintendent of Nurses, gave a sketch of Linda Richards, who was superintendent of the school from 1906 to 1909. Miss Muff was honored in being chosen by Miss Richards as her assistant. Lansing.—At a meeting of the Lansing District, on May 8, the following officers were elected: President, Ethel Mull; vice president, Mildred Cardwell; corresponding secretary, Edith Walters; recording secretary, Grace Harvey; treasurer, Dorothy Wieland; directors, Sister Mary Gertrude, Elma Wagner.

Minnesota: Minneapolis.—Katharine J. Densford, "Vassar Camper," and Assistant to the Dean of the Cook County School of Nursing, has been appointed Director of the School of Nursing and Professor of Nursing in the University of Minnesota, to succeed Marion L. Vannier, resigned. The appointment is effective September 15, but Miss Densford will give a summer course in the University in "Organization and Administration in a School of Nursing." Miss Densford has had a rich and varied experience in both nursing school and public health work.

Mississippi: Laurel.—The first annual meeting of the South Mississippi Charity Hospital Alumnae Association was held on April 13, at the Y. W. C. A. building, with an attendance of twenty-eight, Iva V. Lovell, presiding. Officers elected are: President, Iva V. Lovell; vice president, Alma Y. [illegible]; secretary and treasurer, [illegible]. Chairmen of committees were elected as follows: Program, Bessie G. Jones; Nominating, [illegible]; Red Cross, Lottie [illegible]; Nurses' Relief Fund, Julia B. Lewis.

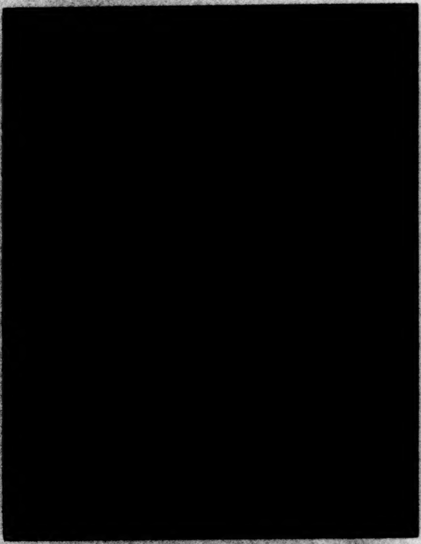
At the banquet which followed, Dr. Roland H. Crawford gave an address on "The Forgotten Nurse," and Margaret Angland gave an inspiring address on "The Nurse and Her Duty."

Missouri: Springfield.—The FOURTH DISTRICT gave a *Journal* party for members and senior students on April 24, at the home of Lillian Gott, *Journal* representative in this vicinity. The color green predominated in decorations, refreshments, and in the costumes worn by guests, many of whom brought their *Journals* with them. An attractive centrepiece was a miniature Maypole in green and white, with dolls dressed to represent the graduates of the three hospitals, and Sisters of Mercy. Appropriate contests and games furnished entertainment. Prizes were samples of articles advertised in the *Journal* for which the committee had sent coupons. The little notebooks sent by the *Journal* were given as favors. St. Louis.—The INDUSTRIAL NURSES' CLUB OF ST. LOUIS has been in active existence for over eight years and consists of graduate registered nurses employed in various industries in and near St. Louis. The purpose of this club is to bring together nurses employed in industries and to replace practical nurses and first aid workers employed by industrial plants by registered nurses. Meetings are held the fourth Thursday of each month, except July and August, the meetings being preceded by a dinner. The past year members have had a speaker from the Safety Council, municipal government, Academy of Music, League Workers with Employed Girls, and instructors of the public health course at Washington University. The active membership is thirty-three. The officers are: Chairman, Anna May Naylor; vice chairman, [illegible] Covert; secretary and treasurer, Lillian [illegible].

Montana: Havre.—The KENNEDY DEACONESS HOSPITAL held commencement exercises at Van Orsdel Methodist Church, on May 6, for a class of six, with an address by Bishop Wallace E. Brown.

Nebraska: Omaha.—The NEBRASKA METHODIST EPISCOPAL HOSPITAL held commencement exercises for a class of thirty-seven, at the First Methodist Church, on May 14. The address was given by Rev. Elmer [illegible]. Miss Marie Stahr of California began work as executive secretary and registrar of the Omaha District on June 1.

New York: Binghamton.—The *Annual Alumnae Review*, issued by the ALUMNAE ASSOCIATION OF THE BINGHAMTON TRAINING SCHOOL FOR NURSES, is a dignified four-page bulletin, giving the information and news of interest to the members. Ithaca.—DISTRICT 5 held a meeting, May 5, at the Ithaca Memorial Hospital, with about forty in attendance, Ida McAfee presiding. Mabel Anderson gave a very interesting review of the life of Florence Nightingale and brought out the special features that make it appropriate that National Hospital Day should be celebrated each year on her birthday. New York.—Anna Moith, who has been Miss Durell's assistant at the City Hospital, will succeed her as Superintendent of Nurses. The DISPENSARY NURSING COMMITTEE of the local League announces a one-month course on dispensary work at Vanderbilt Clinic, Columbia Medical Centre. The work will be under the direction of Louise Knapp. White Plains.—The NEW YORK LEAGUE, SECTION 1, held a meeting at Bloomingdale Hospital on May 7. Lelia Townsend of the Neurological Institute read a paper on "Teaching the Classes Following the Physician's Lecture." A demonstration of teaching a class in psychiatric nursing was given by Mary D. Taylor, Directress of Nurses at Bloomingdale.



KATHARINE J. DENSFORD, R.N.

North Carolina: Asheville.—DISTRICT 1 held a meeting on April 9 at which Gertrude Sykes, Chairman of the Program Committee, submitted an outline of programs for the year

which was heartily endorsed. Following the report of the Registrar, and a discussion of prevailing conditions, a resolution was passed requiring all nurse members serving on the Board of Directors of the Registry to be members of the District Association. Janet Geister's article on "The High Cost of Nursing Care" was read by Minnie Gibbs. Resolutions on the death of Miss Eleanor Ormond, a loyal member of the Association, were adopted. Five members were reinstated. On April 2, the Highland Hospital Alumnae Association, celebrated with a reunion dinner at the hospital. Representatives of all classes, including the new graduates were present, and many reminiscences were enjoyed. The regular meeting followed, and after the usual business a very excellent paper on Cancer was read by Mary Porter. Charlotte.—The members of District 3 were guests of the Charlotte Sanatorium Alumnae at their meeting, April 14. The problems of the registry were discussed. A motion to take no further action on registry management until after the biennial convention in June was carried. Twenty-eight new members were received. Durham.—District 5 met on April 8 and enjoyed an address on "Acute Respiratory Infections" by Dr. Bayres Anderson. Fayetteville.—District 7, at its meeting held April 9, in the Y. M. C. A. building, had as guests the senior nurses of all the local schools. May Delaskey, State Director of Red Cross Public Health Nursing in North and South Carolina, talked on "Red Cross Enrollment for Nurses and the Opportunities Afforded for Service." The senior class of Highsmith Hospital demonstrated First Aid procedures as taught in the Red Cross First Aid course. High Point.—At the April meeting of District 4, there were sixty-six present, thirteen of whom were student nurses of the High Point Hospital. The business session was presided over by Ruth Council, Chairman of the High Point Graduate Nurses' Club, in the absence of the District President. The April meeting with the High Point Hospital nurses is an annual affair to which all members look forward with pleasure. Lumberton.—The Alumnae Association of Baker Sanatorium met on April 17. "Some Problems of Private Duty Nursing" by Mary Wallace, *American Journal of Nursing*, was read by Ruth Beale. X-ray films of kidney stones were shown and discussed by Evelyn Priest. A demonstration in bandaging was given by Ethel Cain, a student nurse. Raleigh.—The regular meeting of District 6 was held at the Nurses' Home of Rex Hospital on April 10. A committee was appointed to obtain a complete roster of the nurses registered in Wake County. A cordial invitation was extended by Miss Roop, Instructor at Rex Hospital, to attend a student nurses' discussion of the value of the *American Journal of Nursing*. The invitation was gratefully accepted. Statesville.—The Davis Hospital Alumnae Association met on April 10. After a review of the constitution and by-laws, one of the members read "What Do I Get out of the American Nurses' Association?" Much interest was shown in the discussion of the value of the Association. Tarboro.—District 8 met here on April 8. Distance is no obstacle to this District, and as the meetings are held in turn, in widely separated towns, a standing program committee was appointed from the District to assist the local committees in arranging constructive educational programs. Rev. Mr. McIver gave a short talk on Florence Nightingale. Dr. S. P. Bass read a paper on the "Relations between Doctor and Nurse," written by Dr. William Osler and delivered to a graduating class in 1891. Dr. W. W. Green talked on head injuries and outlined important points in nursing care. Wilmington.—District 9 met on April 9, when Miss Munds, Supervisor of the Wilmington Public Health Nursing Association, announced the completed plans for a Maternity Institute, sponsored by the Association, to be held May 21–22, to be conducted by Miss Jones, Field Director Maternity Center Association, New York. Winston-Salem.—At a meeting of District 2, held on April 10, Mrs. Evelyn Nimocks, an attorney, gave a very practical, convincing talk on "American Citizenship." The North Carolina Baptist Alumnae Association met on April 6 at the Nurses' Home. Lucia Shirley read from the *American Journal of Nursing*, "How May a Nurse Find Happiness in Her Work?" Miss Clinard contributed: "Uncle Sam Wants to Know What Kind of a Nurse You Are."

Ohio: Cincinnati.—The city's six accredited schools of nursing, the School of Nursing and Health of the University, Christ, the Jewish, Good Samaritan, Deaconess, and Bethesda Hospitals Schools of Nursing, coöperated in a most unusual celebration of Miss Nightingale's birthday on May 12. The History of Nursing Pageant, written by Anna Drake of the Public Health Federation, and published by the Ohio State Nurses' Association, was effectively given. The glee clubs of the schools, in their uniforms and in mass formation on the stage, sang a charming cantata. The Student Orchestra of the Good Samaritan School played

the processional and recessional marches. Dean Louis Pechstein, of the College of Liberal Arts, presented Mary M. Roberts, editor of the *Journal* and a graduate of the Jewish Hospital, who spoke on "The Education of the Nurse."

The audience was a notable one. The Academy of Medicine adjourned for the occasion and the President and President-elect occupied a box. The superintendents of schools and members of the boards of trustees of the hospitals and public health organizations attended in conspicuous and enthusiastic numbers. Cleveland.—Western Reserve University School of Nursing Alumnae met on May 6 and enjoyed a discussion led by Miss Sanderson on "Some Current Fiction." Coshocton.—District 6 held the regular monthly meeting, April 16, at the Nurses' Home, Coshocton City Hospital. Mr. Pfeifer, District Superintendent of the Metropolitan Life Insurance Company, explained in detail the Harmon Annuity Plan. Lima.—District 13 met at St. Rita's Hospital on May 5, when a report of the state meeting was given by Lucille Tegencamp and Mrs. Anna Vicary told of her travels in Africa. Massillon.—District 1 held a meeting at the Nurses' Home of the Massillon City Hospital on May 12, with the Private Duty Section in charge. Irene Miser gave a reading from "Florence Nightingale—a Lost Commander." Warren.—District 3 held a meeting at St. Joseph Riverside Hospital, on May 14, with the following program: Ten-minute review of the *American Journal of Nursing*, Nell Laniman; report of the state meeting, W. Campbell; "Treatment and Tendencies in Modern Medicine," Dr. R. D. Herlinger.

Pennsylvania: Allentown.—The regular meeting of District 2 was held at the State Homeopathic Hospital, on March 15, with a large attendance. Dr. Klopp, Superintendent of the Hospital was the speaker. Philadelphia.—Hospital Day, May 12, was observed by a mass meeting held under the auspices of the Guild of St. Barnabas and of District 2, in Irvine Auditorium of the University of Pennsylvania. Nearly 3,000 student and graduate nurses were in attendance to do honor to the memory of Florence Nightingale, Jane A. Delano, Amy Allison, Linda Richards, and S. Lillian Clayton. The principal address was given by Rabbi William Fineshriber. Eulogies of Miss Clayton were given by Dr. Edward P. Davis, Dr. Joseph C. Doane, Katharine DeWitt, and Mayor Mackey. The annual meeting of the Alumnae Association of the Training School for Nurses of the Philadelphia General Hospital was held in the auditorium, on April 21, and was very well attended. The following were elected to office: President, Alice M. O'Halloran; vice presidents, Mary Moran and Mary Ogden; corresponding secretary, Clara Barton; recording secretary, Stella Krumbine; treasurer, Cecelia R. Kennedy. Pittsburgh.—The March meeting of the League of Nursing Education was held at the Nurses' Headquarters, March 12. C. Ruth Bower, President, presided. Irene Wilson, Director of Dietetics, Homeopathic Hospital, addressed the meeting on "The Teaching of Dietetics from the Viewpoint of the Dietitian." Sarah Ann Cassell, Director of Nursing, Montefiore Hospital, spoke on "The Teaching of Dietetics from the Viewpoint of a Principal of a School of Nursing." At the April Meeting, the speaker was P. H. Braithwaite, Superintendent of the Children's Hospital of Pittsburgh, whose subject was "The Ways in Which an Administration May Assist a School of Nursing." The Pittsburgh League recently contributed $25 toward the fund for the Grading of Schools of Nursing. The League is also planning to sponsor a benefit for the same purpose in the near future. The Allegheny General Hospital held commencement exercises on May 20, in the First United Presbyterian Church for a class of twenty-nine. The address was given by Rabbi Samuel H. Goldenson. Washington.—The Washington Hospital School of Nursing held graduating exercises for a class of fifteen, on May 14, at Elks' Auditorium. The address was given by Meyers B. Horner.

Wisconsin: Eau Claire.—The Sacred Heart Hospital held graduating exercises for a class of eighteen in Sacred Heart Auditorium on May 8. Addresses were given by Mayor F. Stussy, Dr. F. C. Cook, and Rev. F. X. Orthen.

Deaths

Emily Calef, a school nurse in Proctor, Vt., on April 14, after a brief illness. Miss Calef had not been well for some years, but she gave herself freely in the community in which she lived and worked and in the State Nurses' Association of which she had been a director.

S. Lillian Clayton (class of 1896, Philadelphia General Hospital, Philadelphia), on May 2, of meningitis, after an illness of but two days. (A sketch of Miss Clayton's life and work will be found as the leading article in this number of the *Journal*.) The Alumnae Association of the Philadelphia General Hospital has adopted resolutions "lamenting the great

loss sustained by the entire profession of nursing and by the city of Philadelphia in the death of so valued a servant of the people," and expressing their own great sorrow.

Eliza Davies (class of 1902, Montgomery Hospital, then called Charity Hospital, Norristown, Pa.), on January 24, having been an invalid since she suffered a stroke in 1920. Miss Davies did private duty for three years and then became assistant superintendent of the J. C. Blair Hospital for twelve years. In 1919 she became superintendent of Montgomery Hospital.

Ellen Hawkins (class of 1884, Orange Memorial Hospital, Orange, N. J.,) on April 18, at the Pasadena Hospital, Pasadena, Calif. Miss Hawkins, a member of the first class of her school, knew many of the pioneer workers in the nursing profession. She was a woman of rare ability and had held executive positions in Winipeg, Manitoba, Washington, D. C., Orange, N. J., and New York City. Her father, an English soldier, was cared for during the Crimean War by Florence Nightingale and her associates.

Kate Kirwan (class of 1886, Philadelphia General Hospital, Philadelphia), on April 24, aged 83. Miss Kirwan was a member of Miss Alice Fisher's first class. She did private nursing most of her life, being highly valued by Dr. Weir Mitchell and his colleagues for her care of mentally ill patients. Miss Kirwan might be said to have been one of the first public health nurses in Pennsylvania, caring for the sick during a devastating epidemic of typhoid fever in Plymouth, 1885–86. Miss Kirwan was a fine, upright woman, devoted to her patients, thoughtful of others. She attended the annual meeting of the Alumnae Association on Easter Monday, and her sudden passing away, three days later, was a great shock to her friends.

Mrs. Lucy Lasell, Brattleboro, Vt., in December, 1929, after a very short illness. Mrs. Lasell was school nurse in Brattleboro for a number of years, and she will be missed a great deal. The school children and some of the townspeople of Brattleboro have created a fund as a memorial to Mrs. Lasell, to be used at the Caverly Preventorium, at Pittsford, Vt.

Florence Longacre (class of 1898, Presbyterian Hospital, Philadelphia), at her home in the same city, on February 25, after an illness of several months. Following her graduation, Miss Longacre took a post-graduate course at Sloane Maternity Hospital, New York City. In April, 1899, she was appointed night superintendent at her home hospital, and later was transferred to the supervisorship of the men's surgical department, where she remained until the opening of the Maternity House of the Presbyterian Hospital in 1906, when she became head supervisor of this new department. This position she filled for four years, resigning to take a special course in massage and electricity. Following the completion of this course, she was appointed instructor in massage and electricity at the Presbyterian Hospital, and the Episcopal Hospital in Philadelphia in which position she remained until her death. Miss Longacre, through the many years of her nursing career, stood out as a fine Christian character, a high type nurse, and an earnest and thorough worker in all she undertook. She was beloved by her friends and associates, and had the confidence and respect of her many students. She will be greatly missed by the members of her profession, and by her associates.

Priscilla Martin (graduate of St. Luke's Hospital, Chicago), at the Central Club for Nurses, New York, May 12. Miss Martin's home was at Galena, Ill., but she had done private nursing in New York for many years and she had a large circle of friends.

Elizabeth Stewart (class of 1897, Chicago Polyclinic School for Nurses, Chicago), at Henrotin Hospital, Chicago, on April 30, after an illness of two years. Miss Stewart's memory will remain with all who were fortunate enough to know her, as an inspiration to all that is highest in the nursing profession. Many chose her as an ideal during their training and her influence cannot be measured.

Carrie Werts (class of 1896, Philadelphia General Hospital, Philadelphia), in the Graduates' Infirmary, on May 5, following an operation. Miss Werts was a private duty nurse much loved by her patients, to whose families she was many times recalled for duty. Burial was at Harrisonburg, Pa.

About Books

CHEMISTRY FOR NURSES. By Irene Koechig. 304 pages. Lea & Febiger, Philadelphia. 1930. Price, $1.75.

DUE to the wide variation in the number of hours given to the study of chemistry in schools of nursing, the author has made the contents of this book elastic enough to be used in a course of as many as ninety hours, which few schools are fortunate enough to have, or in the forty-five hours of chemistry suggested in the *Standard Curriculum*. The book seems particularly well adapted to a course of about sixty hours.

The first two chapters are devoted to physical and chemical change, energy changes, mixtures and compounds. Chemical laws, molecular and atomic weights, the symbol, formula and equation are presented next—quite early, which is probably a good thing due to the fact that the student gets added practice in equation writing while working with the preparation and chemical properties of oxygen, water, acids, bases, etc., which follow.

The chapter heading, "Abbreviations in Chemistry," is somewhat misleading, since symbols and formulas are not abbreviations. The definitions for acids and bases also seem confusing—why not make the determining factor of an acid the hydrogen ion when in water solution, that of a base, the hydroxyl ion? And could their composition not be given with that of other compounds, not including it in the definitions?

More equations and a little work with the structural formula would probably be a help. These would be easy to add after presenting the electron theory as the basis of valence and of the formation of compounds which the author has done in such a clear manner.

Two chapters are next given to the detailed study of oxygen and the *oxides* of hydrogen and carbon, but no space to hydrogen. It would seem important enough for some study—especially its use in the hydrogenation of liquid fats and as a reducing agent.

The chapters on organic and physiological chemistry are particularly well adapted to the nursing field—here, too, some added equations would be helpful; for instance, equations showing what happens in the Fehling's test for glucose.

The question of laboratory assignments in the same book with text material is a matter for individual choice. A teacher who, though having a good knowledge of chemistry, was inexperienced in teaching, could use these laboratory lessons to good advantage. An experienced teacher would probably prefer to make out her own laboratory direction sheets, correlating them closely with her lectures, and changing them each year, so that a class would not have the aid of laboratory notes of the preceding classes.

The questions at the end of each chapter are a great help both to the student in her study and to the

instructor in her reviews and examinations. The list of elements, symbols, atomic weights and valences inside the front cover is an excellent idea, unthought of by too many authors of chemistry texts for nurses.

The author's style is good, the material is correct and accurately expressed.

Unimportant topics are omitted and happy choice is made of the topics most essential in a chemistry course for nurses. The arrangement of these is excellent. Advantage is taken of practically all opportunities for making applications to the nursing field, and the points made are driven home by constant use, both in the demonstrations given by the instructor and in the review questions.

On the whole, *Chemistry for Nurses* by Miss Koechig should fill a long felt need of instructors of sciences in nursing schools and their students.

ELSA M. GOLDBERG, R.N.

New York

PRACTICAL PSYCHOLOGY AND PSYCHIATRY. By C. B. Burr, M.D. Sixth edition, revised and enlarged. 378 pages. 12 illustrations. F. A. Davis Company, Philadelphia. 1930. Price, $2.75.

THIS book is intended "for use in training schools for attendants and nurses and in medical classes, and as a ready reference for the practitioner"—certainly a comprehensive objective for any book, and perhaps an especially difficult one in the field of psychology and psychiatry.

Psychology is a science of varied schools. Dr. Burr, however, omits all the controversial theories which might trouble the questioning student; he presents the subject in an elementary, and very readable way.

His consideration of "The Science of Mind" (in Part I—100 pages) is far too simple and non-technically general to be of value in medical classes or for the practitioner; but it does build up a concept of the factors involved in human reaction, and so would seem to find a place in study for the younger student.

In Part II, Dr. Burr devotes twenty pages to "Symbolism in Sanity and Insanity."

Part III is headed by the one word "Insanity," a term which radiates the coloring of an older school of psychiatric thought, and which now finds its best usage only legally. In 157 pages the author considers the various types of mental disorder, giving the symptoms and rather general treatment of each. If the reviewer does not follow Dr. Burr's classification of mental disorders and prefers the terminology of a more recent school, it may be said that the language of psychiatry is still in its adolescence, and Dr. Burr's terminology has been built up out of many years of experience, and represents an older point of view.

Some of the sections in this part are so good that one cannot but wish that the author had presented more of the recent contributions to psychiatry, as Dr. Bleuler's concept of schizophrenia in place of the less accurate and less adequate view of dementia praecox. Again, Dr. Burr considers "Paranoia and Pellagrous Insanity" under one heading as "mental defects from congenital causes or arrest of development in infancy."

The author's consideration of mental illnesses is a comprehensive one which would seem to be of interest for collateral reading to the psychiatric nurse or attendant. A wealth of information and case illustrations gained from long experience is presented, and supplemented by

experience of such authorities as Dr. Wagley of the Pontiac State Hospital.

Part IV discusses "Management of Cases of Insanity" from the medical and from the nursing standpoint. This section is presented with a conversational confidence which the student must find of interest, and of value on account of the obvious maturity and breadth of view of the author. Here again we could wish for a complete, concise presentation that would add to the book's value as a ready reference.

The last section, Part V, considers "The Prevention of Insanity." Here Dr. Burr harks back to the seventies for a pattern of home and school life that would prevent "much of the insanity of the young." And as a substitute for that, the author recommends the Boy Scout movement and universal military training. The book closes with a chapter on "Sex Education," which advocates marriage as the desirable goal for the majority of women.

MARION E. RUSSELL, R.N.
New York

THE DIAGNOSIS OF HEALTH. By William R. P. Emerson, M.D. 272 pages. Illustrated. D. Appleton and Company, New York. 1930. Price, $3.

DR. W. R. P. EMERSON, in his *Diagnosis of Health*, is giving us the benefit of his rich experience in health work with various ages. He states that "optimum health" can be obtained by almost anyone who wants it, it depends so largely on the effort the individual makes for himself. Following out this idea, he gives us a set of standards to use in judging health, as well as specific suggestions for achieving it. In fact, the emphasis of the book is on the practical aspects, and we are told more about *how* to do things, than about *why* they are desirable.

The text has been arranged for easy reference, it is well indexed and the chapters have appropriate paragraph headings. Some of the general descriptions, such as those on food requirements, would be clearer, if the author did not discuss so many age groups in a brief space. However, the charts, graphs, and pictures help us to visualize the work. The revised height-weight tables, and the lists giving 100 calorie portions of foods, add greatly to the usefulness of the book. Technical language has been avoided, and it should prove as interesting and valuable to high school and college students, as it will to their instructors.

The great need for health promotion is shown in one graph which interested me particularly. It shows that the lowest scores in "self-rating in Health Intelligence," were those made by a group of twenty-two, the medical staff of a hospital. Dr. Emerson explains that the more knowledge a person has about health, the less he may do to improve his own. This certainly applies to our own profession, and if you think *you* can take advice, as well as give it, read *The Diagnosis of Health*, and try a little personal health promotion!

LOUISE KNAPP, R.N.
New York

STERILIZATION FOR HUMAN BETTERMENT. By E. S. Gosney and Earl Popenoe. 202 pages. The Macmillan Company, New York. 1929. Price, $2.

THE chief purpose of the book is to prove that sterilization under certain safeguards is not only feasible, but advantageous and necessary. The history of the development of this movement both in this

country and, to some extent, abroad is given. Great emphasis is placed upon the sterilization program in California chiefly because California has performed more legal sterilizations than the rest of the country combined, and also perhaps because at least one of the authors is at the present time doing work in that state.

Data are presented to show that when sterilization is surrounded with the proper protections, it works as an injustice to no one, but rather is a benefit. Emphasis is placed upon the fact that sterilization as it is usually done now, does not eliminate sex desire.

The practical importance of sterilization not only for the insane, feebleminded and so-called criminal, but also for those who desire or need it for health reasons, is treated lucidly.

The appendices give some added light on this question from the point of view of surgery, the law, and further statistics.

Because of the religious significance involved in sterilization, Appendix VIII, "A Roman Catholic's View of Sterilization," is very timely.

Although the authors are ardent advocates of sterilization, this volume presents a rather fair statement of this important subject. Their thought is very clearly expressed so that what might otherwise be complicated matter is presented so as to be easily understood. However, there is practically no mention made of the broader social complications of sterilization that may occur such as giving to the community a false idea of security from the insane and "criminal" that are thus returned to society, as well as the limitations that exist in so many states in securing proper supervision by adequately trained people in such a sterilization program.

The book consists of twelve chapters, nine chapters in Part One and three in Part Two; there are nine appendices.

FRANK J. O'BRIEN, M.D.

Kentucky

TUBERCULOSIS NURSING FOR PUBLIC HEALTH NURSES. By Violet H. Hodgson, R.N. 48 pages. Published by the National Tuberculosis Association, New York, 1929. May be secured through the state tuberculosis associations throughout the country.

THE text of this pamphlet was published in the April and May (1929) issues of the *Public Health Nurse*, and is now reprinted, with some revision, by permission of the National Organization for Public Health Nursing. Published as it is with the approval of this organization, whose assistant director is the author, and of the National Tuberculosis Association, which is bringing out the pamphlet, we may accept the publication as authoritative. The suggestions are offered to nurses working in communities where no definite program for tuberculosis work has been laid down. They embody such topics as the Relation of Private to Official Agencies, Tuberculosis in a Community Nursing Program, Case Finding, Visiting, Teaching, Nursing Procedures and Technics, Records, and Sanatorium Care.

Books Received

HAMILTON, W. I. and KIDNER, T. B. Advising the Tuberculous About Employment. Williams & Wilkins Co., 1926. 171 pages. $2.

A practical analysis by two leaders in the field of tuberculosis rehabilitation, of interest to the doctor, nurse, public health officer and patient.

Official Directory

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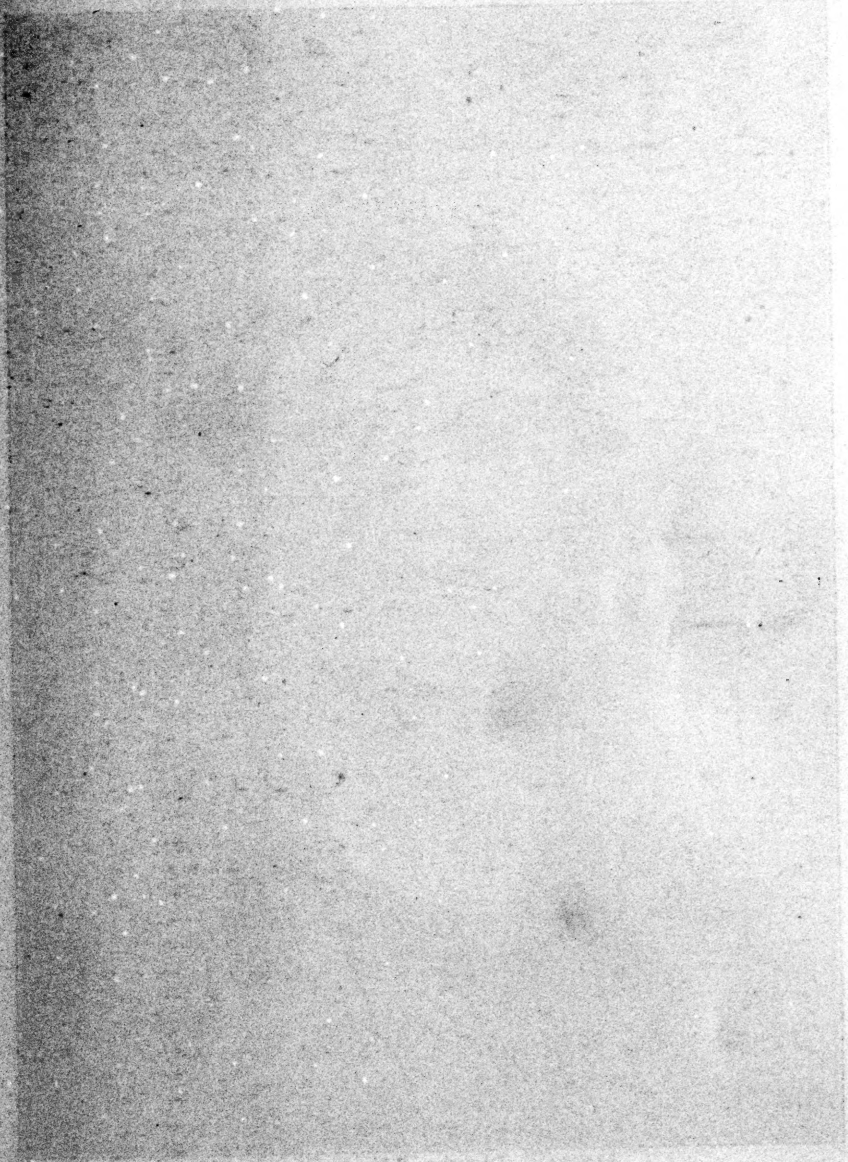
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